



OFFICE OF THE BUILDING OFFICIAL

Town Of Stonington
152 Elm Street
Stonington, Connecticut 06378
(860) 535-5075 • Fax (860) 535 - 1023

APPLICATION FOR WOOD/COAL HEATER INSTALLATION

Date: _____ Permit #: _____

Name of Property Owner: _____

Address: _____ Phone: _____

Name of Dealer/Installer: _____ Phone: _____

Address: _____ HIC Lic # _____

(For contractors: please attach a certificate of insurance showing proof of Workers Comp coverage or complete the attached Workers Compensation Affidavit)

Cost: _____ Signature: _____

Fee: _____

FEE SCHEDULE: \$10.00/for the first \$1,000. of the estimated cost of construction; \$8.00/\$1,000 after the first \$1,000 of estimated cost of construction.

SPECIFICATIONS OF HEATER

Manufacturer: _____ Address: _____

Model of Heater: (box, parlor, etc.) _____

Type of Fuel: (wood or coal) _____ Heating Capacity (Btu's or Cubic Feet) _____

TYPE OF CHIMNEY

Masonry: Flue: Lined _____ Unlined: _____

Metal: Single Wall: _____ Multiple Wall: _____ Gauge: (24 min.) _____

Floor Protection (2 hr. required) Masonry: _____ Other: _____

Certifying Agency (U.L. etc) _____

Approved by Building Official

Date:

STATE OF CONNECTICUT
WORKERS' COMPENSATION COMMISSION

Building Permit Affidavit for Property Owners or Sole Proprietors
(Conn. Gen. Stat. § 31-286b)

Property located at _____

In the town of _____

Name of building permit applicant: _____

Please check one:

1. I am the owner of the above property.
2. I am the sole proprietor of a business.

2A. Name of business _____

2B. Federal Employer Identification Number (FEIN) _____

.....
Pursuant to § 31-286b, "a property owner or sole proprietor [who] intends to act as a general contractor or principal employer" may provide either a certificate of workers' compensation insurance or a "sworn notarized affidavit... stating that he will require proof of workers' compensation insurance for all those employed on the job site in accordance with this chapter."

Please check one:

1. I do not intend to act as a general contractor or principal employer.
{Sign and stop here}

Signature of applicant

2. I intend to act as a general contractor or principal employer. Applicant must either provide a certificate of workers' compensation insurance or sign the affidavit below.

.....
Affidavit

I hereby swear and attest that I will require proof of workers' compensation insurance for every contractor, subcontractor, or other worker before he/she engages in work on the above property in accordance with the Workers' Compensation Act (Chapter 568).

I understand that pursuant to § 31-275 C.G.S., officers of a corporation and partners in a partnership may elect to be excluded from coverage by filing a waiver with the appropriate District Office; and that a sole proprietor of a business is not required to have coverage unless he files his intent to accept coverage.

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 200__.

(Notary Public/ Commissioner of the Superior Court)