

Village of Dexter
PO Box 62
Dexter, New York 13634

Application For and Permit to Install Heating Equipment and Accessories

{No Permit Granted Unless Application is Properly Filled Out – Separate Application for Each Installer}

Date: _____

The undersigned hereby applies for a permit to install a _____
{fuel to be used, appliance}
at _____ Street, Dexter, New York 13634.

Owner: _____ Address: _____ Phone: _____

Installer: _____ Number: _____ Address: _____

Building Inspector _____ Number _____ Address: _____

General

Equipment Manufacturer _____ Model Number _____

Serial Number _____ BTUH Input _____ AFUE Efficiency: _____

Clearance Requirements: **“ As per manufacturer’s instructions”**

Flue Piping: **“Materials, sizing and installation as per manufacturer’s instructions.”**

Fuel Piping: **“Materials, sizing and installation as per manufacturer’s instructions”**

Fuel Shut Offs in Place: **‘Supplied and Installed”**

Automatic Reset High Limit Control: **“Supplied and installed.”**

Electrical: **“All new wiring to conform to the National Electrical Code.”**

Over-current Protection: **“Provided as per manufacturer’s recommendations”**

Temperature Rise: **“Performance within manufacturer’s recommendations”**

Electric Shut Offs in Place: **“Supplied and installed.”**

HYDRONIC EQUIPMENT

Relief Valve: **“Sized and installed as per codes and equipment manufacturer”**

Manual Reset High Limit Control: **“Supplied and installed”**

Low Water Cut-off {commercial only}: **“Supplied and installed.”**

Make and Model Water Feed Backflow Preventor: _____

STEAM EQUIPMENT

Relief Valve: **“Sized and installed as per codes and equipment manufacturer”**

Automatic Reset Low Water Cut-Off: **“Supplied and installed”**

Back-up Low Water Cut-Off: **“Supplied and installed”**

Operating Pressure control: **“Supplied and installed”**

Manual Reset Pressure Control: **“Supplied and installed”**

Make and Model Water Feed Backflow Preventor: _____

WATER HEATERS

Relief Value: **“Sized and installed as per codes and equipment manufacturer”**

Back Flow Preventor: **“Installed as per code”**

Full Port Shut Off on Supply Piping: **“Installed as per code”**

THIS UNIT MUST BE INSPECTED BY THE BUILDING CODE INSPECTOR BEFORE USING. For an appointment, please call {315} 778-7566.

Installation will be made in accordance with the above specifications.

Remarks: _____

Permit Number: _____ Signed _____

Permit Granted By: _____

Date: _____