

**APPLICATION TO INSTALL CHIMNEY LINER**  
**BUILDING DEPARTMENT – CITY OF SHELTON, CT**

**PERMIT MUST BE OBTAINED BEFORE STARTING WORK**

Location of Job \_\_\_\_\_

Owner Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Owner Address \_\_\_\_\_

Type of System \_\_\_\_\_ Type of Fuel \_\_\_\_\_

Equipment Manufacturers Chimney Recommendation \_\_\_\_\_ "X" \_\_\_\_\_ "H" \_\_\_\_\_

Building's Chimney \_\_\_\_\_ "X" \_\_\_\_\_ "H" \_\_\_\_\_

Vent Connector Size \_\_\_\_\_ B.T.U. Input (Gas) \_\_\_\_\_

Type of Lining System to be Installed: Type B Vent \_\_\_\_\_ 300-400 Series S/S \_\_\_\_\_  
Aluminum \_\_\_\_\_ Other \_\_\_\_\_

Manufacturer \_\_\_\_\_

System Listed By: UL \_\_\_\_\_ BOCA \_\_\_\_\_ ICBO \_\_\_\_\_ Other \_\_\_\_\_

Size of New Liner Internal Area of Flue: Square Inches \_\_\_\_\_ Height \_\_\_\_\_

Clean Out and Inspection Access: \_\_\_\_\_ Yes \_\_\_\_\_ No

Other \_\_\_\_\_ ESTIMATED VALUE OF JOB \$ \_\_\_\_\_

Licensed Contractor \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Telephone # \_\_\_\_\_

**Fees: Permit Fee \$ \_\_\_\_\_ State Fee \$ \_\_\_\_\_ Technology Fee \$ \_\_\_\_\_ 5.00**

**Receipt # \_\_\_\_\_  Cash  Check**

**Permit # \_\_\_\_\_ Permit Date \_\_\_\_\_**