



Town of Halfmoon
2 Halfmoon Town Plaza
Halfmoon, NY 12065
371-7410 ext. 2260
Fax: 371-0304
Building Department

***FIREPLACE
PERMIT
Application***

Permit #: _____

Application Date: _____

Fee: _____

Permit Type: Wood Burning ☐ Pellet Stove ☐ Gas Fireplace ☐
Residential ☐ Commercial ☐

Address/Location: _____ Development: _____

Property Owner:

Name PRINT: _____

Address: _____

Telephone #: _____ Email: _____ D.O.B.: _____
(Property Owner)

Contractor/Builder:

Name PRINT: _____

Address: _____

Telephone #: _____ Fax #: _____ Email: _____

Insurance Carrier: _____

Workers Comp (C105.2 Form): Date: _____ Liability (Accord 25 Form): Date: _____

Applicant Signature: _____ Date: _____

(For Department Use Only)

Action: Approved ☐ Disapproved: ☐ Reason for Disapproval: _____

Signature: _____ Date: _____

Title: _____ CODE ENFORCEMENT OFFICER