



VILLAGE OF KRONENWETTER

Solid Fuel Fired Heating Device Permit Application

Owner's Name:		Application Number:	
Mailing Address:		Parcel # PIN #	
Installing Contractor	Lic/Cert #	Mailing Address & Phone #	
Building Address		Zoning District	
Make & Model of Heating Unit			
Year of installation			
Distance from any other residences not served by this Solid Fuel-Fired Heating Device			
Approval Conditions			
<p>I agree to comply with all applicable codes and ordinances and with the condition of this permit: understand that the issuance of the permit creates no legal liability, express or implied, on the Village of Kronenwetter, and certify that all the above information is accurate.</p> <p>Applicant's Signature</p> <hr style="width: 60%; margin-left: 0;"/>			
Fees:		Permit issued by: name	
Cert #		Date	
Tel :			