



VILLAGE OF KRONENWETTER

Solid Fuel Fired Heating Devices

Registration - Existing Device

Permit - New Device

Owner's Name:		Application/Registration Number: <small>(office use only)</small>	
Mailing Address:		Parcel #	
		PIN #	
Installing Contractor (New Devices)	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			
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.			
Applicant's Signature _____			
For Office Use Only:			
Fees:		Permit issued by: name	
Cert #		Date	
Tel :			