

## Berrysburg Borough Outside Fuel Burning Appliance Permit Application

### Section 1 – Property Owner Information

Name

(Last)

(First)

(MI)

Address

(RR, PO Box, Street & Apartment Number)

(City)

(State)

(ZIP)

Telephone No.

( )

( )

(Primary)

(Secondary)

### Section 2 – Contractor Questions

1. Will the construction of this project be completed one (1) Principal-contractor?

YES  NO  N/A

2. Will the Principal-contractor(s) be employing individuals other than himself on this project?

YES  NO  N/A

3. Has the Principal contractor(s) signed and filed with the Berrysburg Borough an affidavit affirming that he will not be employing any individuals on this project?

YES  NO  N/A

4. Has the Principal-contractor(s) filed with Berrysburg Borough an insurer issued workers compensation certificate which names the Berrysburg Borough as the workers compensation policy certificate holder, pursuant to Workers Compensation act of 1915 as amended?

YES  NO  N/A

**Note: The Principal-contractor that will work on this project shall complete and submit the Workers Compensation insurance information required in this section of the application. She/he must also provide any necessary affidavits of self insurance or proof of insurance, (whichever is appropriate), BEFORE they may start any work on the project.**

### Section 3 - Principal-Contractor Contact Information:

Contractor's Name

(Name)

Address

(RR, PO Box, Street & Apartment Number)

(City)

(State)

(ZIP)

Telephone No.

( )

( )

(Primary)

(Secondary)

Business Name

(Name)

Address

(RR, PO Box, Street & Apartment Number)

(City)

(State)

(ZIP)

Telephone No.

( )

( )

(Primary)

(Secondary)

**Section 3 - Principal-Contractor Contact Information Cont.:**

Federal &amp; State EIN

Federal EIN

State EIN

**Section 4 – Principal Contractor Insurance Information:**Workers Comp.  
Policy Holder's  
Name

(Last)

(First)

(MI)

Address

(RR, PO Box, Street &amp; Apartment Number)

(City)

(State)

(ZIP)

Telephone No. ( )

( )

(Primary)

(Secondary)

Name Of Insurer  
Issuing Policy

(Name)

Address

(RR, PO Box, Street &amp; Apartment Number)

(City)

(State)

(ZIP)

Telephone No. ( )

( )

(Primary)

(Secondary)

Policy No.

**Section 5 – Equipment Manufacturer's Information:**Manufacturer's  
Name

(Name)

Address

(RR, PO Box, Street &amp; Apartment Number)

(City)

(State)

(ZIP)

(Country)

Telephone No ( )

( )

(Primary)

(Secondary)

**Section 6 – Equipment Dealer's Information:**

Dealer's Name

(Name)

Address

(RR, PO Box, Street &amp; Apartment Number)

(City)

(State)

(ZIP)

(Country)

Telephone No ( )

( )

(Primary)

(Secondary)

**Section 7 – Equipment Information**

Name Of “OFBA”		(Name)
Model No.	(Model No.)	Serial No. (Serial No.)
Type Of Fuel Recommended		8 Hr. Heat Output Rating (BTU/Hr)

**Section 8 – Outside Fuel Burning Appliance (OFBA) Placement Information:**

Distance From Closest Structure	(Feet)	Distance From Closest Dwelling Not Served By Appliance	(Feet)
Height Of Highest Roof With 500 Feet Of “OFBA”	(Feet)	Height Of Stack	(Feet)

**Note:**

- 1. Attach a copy of the manufacturer’s operating, installation and maintenance instructions with your application. If you need to make a copy of the instructions to attach to your application contact the Borough Secretary and make arrangements to use the Borough’s copier.**
- 2. Attach a check or money order for \$100.00 made payable to the “Berrysburg Borough”.**

I hereby certify that the information on this application is true, correct and accurate to the best of my ability.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)