

**CALL BUILDING DEPT.
FOR INSPECTION**

Permit No. _____

FEE _____

APPLICATION TO INSTALL OIL BURNING EQUIPMENT

VILLAGE OF FREEPORT, N.Y.

DEPARTMENT OF BUILDINGS

Location of Installation _____

Type of Equipment _____

Name of Owner _____

Address of Owner _____

Location of Storage Tank _____

Capacity of Storage Tank _____

Licensed Plumber _____

Licensed Electrician _____

Chimney Construction _____ Lining _____

Size of Flue _____

**AFFIDAVIT OF CONTRACTOR
OWNER**

State of New York, }
County of } ss.:

.....
being duly sworn, deposes and says: That he is (the person) (a member of the firm of

.....) (an officer, to wit, the..... of

....., the corporation) employed by the above named owner to install aforescribed Oil
Burning Equipment that compensation insurance has been obtained and is in full force and effect in accordance with
the provisions of the Workmen's Compensation Law, to wit:

Name of Insurance Company.....

Policy No. Expires.....

Applicant's Signature.....

Address.....

Sworn to before me this

..... day of 19.....

.....
Notary Public

Permission is hereby granted to install the above described Oil Burning Equipment. This permit does not allow any
plumbing changes.

.....
Superintendent of Buildings

Date.....

The certificate of the Supt. of Bldgs. that the installation complies with all ordinances is required before any burner
may be used or operated.

NOTE: DO NOT USE THIS APPLICATION FOR TANK INSTALLATION