

**BRISTOL TOWNSHIP** 

Office of the Fire Marshal / Emergency Management

2501 Bath Road · Bristol, PA 19007 · (215) 785-0500 · Fax (215) 788-8541

3/8/07

Dear Sir/Ms,

Due to recent issues involving chimney relinings, contractors are reminded of the following concerning chimney relining permits.

- Permits **must** be submitted and paid for 3 working days in advance.
- Permits **must** indicate a date and 1 hour window when a township inspector can visit the job site **PRIOR** to the wall being closed. (Any chimney relining that is not inspected prior to closing the wall will be failed.)

To prevent delays in permits and inspections, contractors are reminded they must reregister their contractor's registration each year, and resubmit a copy of their insurance upon renewal.

Also, please find attached a copy of the revised chimney reline permit.

Thank you in advance for your cooperation. Should you require more information, please contact me at (267) 812-2907.

Sincerely,

Kevin T. Dippolito, CFEI Emergency Management Director / Fire Marshal Township of Bristol



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## **CHIMNEY RELINE PERMIT APPLICATION**

| Date of Application:   | ( <b>mini</b> r   | nimum 3 business days prior to installation) |                   |                  |              |  |
|--|-------------------|--|-------------------|------------------|--------------|--|
| Address of installation:   | Street            |  | Town              | State            | Zip          |  |
|  |                   |  |                   |                  | 1            |  |
| Homeowner:   | Name              |  | (                 | )<br>Phone numb  |              |  |
| Contractor performing work:  |                   |  |                   |                  |              |  |
| contractor performing work.  |                   |  |                   |                  |              |  |
| Contractors business address:                                      |                   |  | Street Address    |                  |              |  |
|  |                   | Street Address                               |                   |                  |              |  |
|  |                   | Town   |                   | State            | Zip          |  |
| Contractor's phone # (   | )                 |  | Fax # (           | )                | =            |  |
| Contractors Bristol Twp. regi                                      | stration #:       |  |                   |                  |              |  |
| Description of work being pe                                       | rformed:          |  |                   |                  |              |  |
| Type of UL listed liner being                                      | installed:        |  |                   |                  |              |  |
| Date of installation:  | //                | /  | _ (minimum 3 bus  | iness days after | application) |  |
| One hour time frame between  | n 9am and 4pm     | , Monday th                                  | ru Friday, when T | ownship Inspec   | tor can      |  |
| view connection prior to wall                                      | being closed-     | Between:                                     | and               | ·                |              |  |
| I agree all work will be conduced<br>codes, as well as manufacture |                   |  |                   |                  | IFC, and NFI |  |
| Contractor: Print_name   |                   |  | Signature         |                  |              |  |
|  | ===== <b>Do</b> 1 | Not Write B                                  | elow This Line =  |                  |              |  |
|  |                   |  |                   |                  |              |  |
| Permit Fee= <b>\$100.00</b> Check                                  | #:                | Receipt                                      | #                 | Permit #         |              |  |
| Permit application entered in computer by:                         |                   |  |                   | Date:            | _//          |  |
| Final inspection: Approved_  | Failed            | []   | If failed, reason |                  |              |  |
| Date:/ Inspector:  |                   |  |                   | Badge#           |              |  |