



The Commonwealth of Massachusetts

Department of Public Safety

527 CMR 4.00

Form 1

Application for Permit, Permit, and Certificate of completion for the Installation or Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil

(City or Town)

(Date)

Permit #'s: FD _____ Elec. _____ FDID#: _____ Fee Paid: _____

Owner/Occupant Name: _____ Tel #: _____

Installation Address: _____ Serviced Floor or Unit #: _____

Heating Unit Domestic Water Heater Power Vent Other _____

Burner: New Existing Location: _____

Trade Name: _____ Mfg: _____

Type: _____ Model # or Size: _____ Location: _____

Fuel Oil Kerosene Waste oil

Storage Tank: New Existing Location: _____

Type: _____ Capacity: _____ gals. No. of Tanks: _____

Special requirements (or additional safety devices) _____

OSV Valve Oil line protected Sheet Rock Sprinkler AFUE: yes no

Combustion Test: Nozzle Size _____ Gross Stack Temp.: _____

New Stack Temp.: CO₂ Test _____ Breech Draft: _____

Smoke: _____ Overfire Draft: _____ Efficiency rating %: _____

I, the undersigned certify that the installation of fuel burning equipment has been made in accordance with M.G.L. c. 148 and 527 CMR 4.00 currently in effect. Furthermore, this installation has been tested in accordance with such requirements, is now in proper operating condition and complete instructions as to its use and maintenance have been furnished to the person for whom the installation (or alteration) was made.

Co. Name: _____

Address: _____ City: _____ Zip: _____

Installer: _____

Print Name

Signature (no Stamp)

Once signed by the fire department, this is a PERMIT for the storage and use of oil burning equipment.

Inspected by: _____ Date: _____