

TOWN OF PETERSHAM
BUILDING DEPARTMENT
3 SOUTH MAIN STREET
P.O. BOX 486
PETERSHAM, MA 01366

978-724-3586

SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION*

(EXTERIOR WOOD FURNACE/BOILERS ARE PERMITTED THROUGH THE HEALTH DEPARTMENT)

PROPERTY LOCATION:

CITY: _____ ST: _____ ZIP: _____
USE GROUP: _____ PRINCIPAL USE OF BUILDING: _____

OWNERS NAME: _____ PHONE# - - _____

OWNERS ADDRESS (IF DIFFERENT THAN ABOVE) _____

CITY: _____ ST: _____ ZIP: _____ EMAIL: _____

INSTALLER:

CSL NAME: _____ PHONE# - - _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

LICENSE # _____ EXP DATE - - _____ TYPE: U/R/M/RC/WS/SF/I/D _____

HIC NAME: _____ PHONE# - - _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

LICENSE# _____ EXP DATE - - _____

<u>APPLIANCE:</u>	<u>NEW</u>	<u>USED</u>		
<u>STOVE NAME:</u>			<u>MANUFACTURER:</u>	
<u>MODEL NAME:</u>			<u>SERIAL #</u>	
<u>UL LISTING #</u>			<u>TESTING LAB#</u>	<u>TEST DATE:</u>
<u>TYPE:</u>	<u>WOOD</u>	<u>COAL</u>	<u>PELLET</u>	<u>OTHER</u>
	<u>RADIANT</u>	<u>CIRCULATING*</u>		

*(ELECTRICAL PERMIT MAY BE REQUIRED, EXTENSION CORDS ARE NOT ALLOWED TO POWER APPLIANCES)

CHIMNEY TYPE & FLUE: (Circle those that apply)

MASONRY* / LINED / UNLINED / METAL** / INSULATED**

SIZE: WIDTH _____ HEIGHT _____

*CHIMNEY CLEANOUT SIZE _____

**MANUFACTURER: _____

ROOM INSTALLED IN: _____

SMOKE & CARBON MONOXIDE DETECTOR AGE: _____

LOCATION : _____

APPLICANTS SIGNATURE: _____ **DATE** _____

OWNERS SIGNATURE: _____ **DATE** _____

PLEASE NOTE, ALL PERMIT APPLICATIONS REQUIRE:

1. Workers Compensation Affidavit.
2. Debris Disposal Affidavit.
3. If the Homeowner, as defined in 780 CMR 9th Edition, is the Applicant, a Homeowners Warning Affidavit.
4. Manufacturer install instructions (2 OR 3 PAGES ONLY) are required with application plus made available at inspection.
5. Masonry chimneys are required to be inspected by a Chimney Cleaning Company to obtain a Certificate of Inspection.
6. Please provide a self-addressed stamped envelope for documentation return.

PERMITS NOT ACTED ON WITHIN 180 DAYS OF ISSUANCE ARE VOID.

***This is an APPLICATION ONLY! Your appliance is NOT approved and CANNOT be used until the Permit is approved, final inspection performed AND approved.**

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Approval Date: ____ \ ____ \ ____

Building Official Signature: _____

Fee Amount: \$ 50.00 **Check #** _____

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OFFICIAL USE:

INSPECTION DATE: ____ \ ____ \ ____

SMOKE AND CARBON DETECTORS LOCATION/INSPECTION: _____

INSPECTION SIGNATURE: _____