



PETERSHAM Inspector of Buildings

3 South Main Street • P.O. Box 486 • Petersham, MA 01366-0486
www.townofpetersham.org

978/724-3586 tel. • 978/724-3501 fax
buildingdept@townofpetersham.org

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** - -

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

***(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:** _____

OTHER APPLIANCES ON SAME FLUE: _____

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 enclose a self addressed stamped envelope to send documentation. (Permit)

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 Completion Certificate has been issued.**

FEE: \$50.00	ONLINE	CHECK # _____
APPROVED: _____	DATE: _____	