



PETERSHAM Inspector of Buildings

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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: _____

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.**

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: \$25.00	ONLINE	CHECK # _____
APPROVED: _____	DATE: _____	