



BUILDING DEPARTMENT  
Town of New Braintree  
20 Memorial Drive  
New Braintree, Massachusetts 01531

Buildinginspector@newbraintree.org  
Telephone (508) 867-2071 ext 5

## **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 9<sup>th</sup> 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:** \_\_\_\_\_