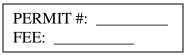
	A CITCITATE
Tax Collector:	





## TOWN OF ACUSHNET 130 MAIN STREET ACUSHNET, MA. 02743

## **BUILDING DEPARTMENT**

## PERMIT FOR SOLID FUEL BURNING HEATING APPLIANCE

Owner's Name:	Date:
Address:	Phone:
OWNER SIGNATURE	INSPECTOR'S SIGNATURE
	<u>APPLIANCE</u>
Manufacturer's Name:	Model #:
UL ID#:	Type of Fuel:
Room/Location of Appliance:	Cost:
INSTALLER'S SIGNATURE N	Name of Company
Phone #	address
	ed before permit can be issued. All pipes should be screwed tove. All pipes should pitch ½" per foot of run toward stove.
• There will be a \$15.00 charge for each in	nspection after the first to check on the correction of faults.
CER	TIFICATE OF INSPECTION
☐ CO Verification/Tested Type	e: Location:
This is to certify that the solid fuel heating applications of the Massachusetts State Building	iance described above has been inspected and complies with the ng Code.
Building Commissioner / Zoning Enforcement Office	er DATE

## SOLID FUEL BURNER APPLIANCE INSTALLATION DETAILS

Collar Size:		Damper:	
Flue Size:		_ Other Appliances:	
Chimney Type:  ☐ New ☐ Existing	□ Prefab □ Masonry	□ Lined □ Unlined	
Height Above Roof:		Total Height:	
Location Ash Clean:		_	
<u>HEARTH:</u>			
Material:		Clearances:	
		Rear:	
Subfloor:		Front:	
		Side:	
WALL:			
Material:		Clearances:	
		Rear:	
		Front:	
		Side:	
Pipe Type:		Clearances:	
Size:		Rear:	
Joint Direction:		Front:	
# of Elbows:		Side:	