

Tax Collector: _____



TOWN OF ACUSHNET
130 MAIN STREET
ACUSHNET, MA. 02743

PERMIT #: _____
FEE: _____

BUILDING DEPARTMENT

PERMIT FOR SOLID FUEL BURNING HEATING APPLIANCE

Owner's Name: _____ Date: _____

Address: _____ Phone: _____

OWNER SIGNATURE

INSPECTOR'S SIGNATURE

APPLIANCE

Manufacturer's Name: _____ Model #: _____

UL ID#: _____ Type of Fuel: _____

Room/Location of Appliance: _____ Cost: _____

INSTALLER'S SIGNATURE

Name of Company

Phone #

Address

- Non-labeled appliances must be inspected before permit can be issued. All pipes should be screwed together with the male end toward the stove. All pipes should pitch 1/2" per foot of run toward stove.
- There will be a \$15.00 charge for each inspection after the first to check on the correction of faults.

CERTIFICATE OF INSPECTION

☐ CO Verification/Tested Type: _____ Location: _____

This is to certify that the solid fuel heating appliance described above has been inspected and complies with the requirements of the Massachusetts State Building Code.

Building Commissioner / Zoning Enforcement Officer

DATE

SOLID FUEL BURNER APPLIANCE INSTALLATION DETAILS

Collar Size: _____ Damper: _____

Flue Size: _____ Other Appliances: _____

Chimney Type:

- | | | |
|-----------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Prefab | <input type="checkbox"/> Lined |
| <input type="checkbox"/> Existing | <input type="checkbox"/> Masonry | <input type="checkbox"/> Unlined |

Height Above Roof: _____ Total Height: _____

Location Ash Clean: _____

HEARTH:

Material: _____

Clearances:

Rear: _____

Subfloor: _____

Front: _____

Side: _____

WALL:

Material: _____

Clearances:

Rear: _____

Front: _____

Side: _____

Pipe Type: _____

Clearances:

Size: _____

Rear: _____

Joint Direction: _____

Front: _____

of Elbows: _____

Side: _____