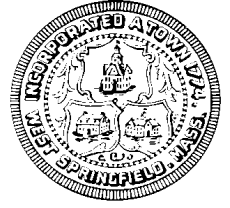


*The Commonwealth of Massachusetts  
Board of Building Regulations and Standards  
Massachusetts State Building Code, 780 CMR*



**Town of West Springfield**  
Building Department  
26 Central Street, West Springfield, MA 01089

**APPLICATION FOR SOLID FUEL APPLIANCE INSTALLATION PERMIT**

Date: \_\_\_\_\_ Permit Fee: \_\_\_\_\_ Permit Number: \_\_\_\_\_

The undersigned hereby applies for a Permit to install a Solid Fuel burning heating appliance.

1. Owner's Name \_\_\_\_\_
2. Owner's Address \_\_\_\_\_
3. Location of Building \_\_\_\_\_
4. What is the use of the Building \_\_\_\_\_
5. Solid fuel burning appliance labeling:
  - a. Manufacturer's name or trademark \_\_\_\_\_
  - b. Model and/or Identification number of appliance \_\_\_\_\_
  - c. Type of fuels approved \_\_\_\_\_
  - d. Testing laboratory's name and location \_\_\_\_\_
  - e. Date tested \_\_\_\_\_
  - f. Clearance to combustibles: (a) Side: \_\_\_\_\_ (b) Rear: \_\_\_\_\_
  - g. Test standard \_\_\_\_\_
  - h. Label Serial Number \_\_\_\_\_
6. Area in which appliance is to be installed (Basement, 1<sup>st</sup> floor, 2<sup>nd</sup> floor) \_\_\_\_\_
7. Chimney type (Masonry or Factory built –UL 103) \_\_\_\_\_  
 Vent height \_\_\_\_\_ Liner Dimension \_\_\_\_\_  
 BTU Ratings: Oil Burner \_\_\_\_\_ Wood \_\_\_\_\_
8. Appliance Hearth – Type of material used \_\_\_\_\_
9. Will the installation conform to the requirements of the law? \_\_\_\_\_
10. Estimated cost \_\_\_\_\_
11. Signature of Owner: \_\_\_\_\_
12. Signature of Installer/Applicant: \_\_\_\_\_
13. Installer - Construction Supervisor License (CSL) Number: \_\_\_\_\_  
 Photo I.D. Required / Copy of Photo I.D. Attached: Yes \_\_\_\_\_ No \_\_\_\_\_
14. Installer - Registered Home Improvement Contractor (HIC) Number: \_\_\_\_\_  
 Photo I.D. Required / Copy of Photo I.D. Attached: Yes \_\_\_\_\_ No \_\_\_\_\_