



TOWN OF OAK BLUFFS  
BUILDING DEPARTMENT  
508-693-3554 Ext. 123  
buildingadmin@oakbluffsma.gov

## SOLID FUEL BURNING PERMIT APPLICATION

FEE: \$150.00    CHECK #                      PERMIT #:

THIS IS AN **APPLICATION ONLY** – YOUR STOVE IS **NOT** APPROVED UNTIL YOU RECEIVE A SIGNED PERMIT. THE STOVE **CANNOT** BE USED WITHOUT BEING INSPECTED.

**ARE THERE WORKING SMOKE DETECTORS ON THE PREMISIS:**                      YES      NO

*The undersigned hereby applies for a permit to install a solid fuel burning stove.*

APPLICANT NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_

ASSESSOR'S INFO: Map \_\_\_\_\_ Parcel \_\_\_\_\_

INSTALLER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
DATE OF INSTALLATION: \_\_\_\_\_ Estimated cost of stove including installations: \$ \_\_\_\_\_  
LOCATION OF INSTALLATION: \_\_\_\_\_  
(Which room in structure, which floor)

### STOVE INFORMATION:

MANUFACTURER: \_\_\_\_\_ UL# \_\_\_\_\_  
MODEL#: \_\_\_\_\_ SERIAL #: \_\_\_\_\_ TESTING LAB#: \_\_\_\_\_ DATE TESTED: \_\_\_\_\_

Circle these below that apply to stove to be installed:

RADIANT    CIRCULATING    WOOD    COAL    PELLET    NEW    USED    EXISTING

### CHIMNEY TYPE AND FLUE: (Circle those that apply)

MASONRY    METAL    LINED    UNLINED    INSULATED

MANUFACTURER (follow the MFG specs.): \_\_\_\_\_  
OTHER APPLIANCES ON THE SAME FLUE: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT UNDER THE PAINS AND PENALTIES OF PERJURY.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSTALLATION INSPECTED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_