

BUILDING DEPARTMENT
Town of Hardwick
Municipal Office Building
PO Box 575
Gilbertville, Massachusetts 01031
bldinspector@townofhardwick.com
Telephone (413) 477-6197 ext 109

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 9th 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; _____