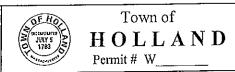


The Commonwealth of Massachusetts State Board of Building Regulations and Standards Massachusetts State Building Code 780 CMR



APPLICATION TO INSTALL A SOLID FUEL APPLIANCE

| This Section For Offical Use Only | | | | |
|--|--------------------------|--|---|--|
| | ejected Date Reason: | | | |
| Approved Date R | | | | |
| Signature/Inspector of Buildings | | Date | | |
| SECTION 1-SITE INFORMATION 1.1 Property Address: House Number | | The second of the second secon | RKERS' COMPENSAT FIDAVIT (M.G.L. e. 152 | ION INSURANCE - 8 25C(6)) |
| | | Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit. | | |
| Street Name | | | | |
| 1.2 Assessors Map, Block & Parcel Number: | | Signed Affidavit attached Yes | | |
| Map Number Block Parcel Number | | SECTION 5 - DESCRIPTION OF PROPOSED WORK (check all applicable) | | |
| SECTION 2-PROPERTY OWNERSHIP | ?/AGENT | (Circ | Pellet Stove | ☐ Coal Stove |
| 2.1 Property Owner: | | Dual Fuel Appliance | | Chimney |
| Name (Print) Mailing Address: | | Other (explain) | | |
| Maining Address. | | Brief Description of Proposed Work: | | |
| Signature Telephone | | | | |
| 2.2 Authorized Agent: | | Serial # Model # | | |
| Name (Print) | | Room Location: (i.e. Living Rm) | | |
| Mailing Address: | | SECTION 6a - OWN | NER AUTHORIZATION - | TO BE COMPLETED |
| Signature: Telephone | | W Al | HEN OWNERS AGENT O PPLIES FOR BUILDING P | ERMIT |
| SECTION 3-CONSTRUCTION SERVICES 1, as Owner of the | | | | |
| 3.1 Licensed Construction Supervisor: | ☐Home Owner Exemption | İ | | , as Owner of the |
| License Holders Name | Bacinpuon | | all matters relative to work | authorized by this |
| Address | License Number | building permit applic | eation. | |
| City/State/Zip | Expiration Date | Signature of Owner | | Date |
| Signature | Telephone | SECTION 6b - OW | NER / CONTRACTOR DI | CLARATION |
| 3.2 Registered Home Improvement Contractor | ☐Home Owner | | | |
| Company Name | Exemption | I, hereby declare that the | e statements and information | as Owner /Contractor on the foregoing |
| | License Number | | id accurate, to the best of my | knowledge and belier. |
| Address | Expiration Date | Signed under the pain | s and penalties of perjury. | |
| City/State/Zip | | Print Name | | |
| Signature | Telephone | | | |
| This Section For Official Use Only | | Signature of Owner//0 | Contractor | Date |
| Amount Paid Check # | | | | |