



## Town of Hardwick

Commonwealth of Massachusetts  
Building Commissioner – William Cantell  
[Bldinspector@Townofhardwick.Com](mailto:Bldinspector@Townofhardwick.Com)  
413-477-6702 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 9<sup>th</sup> 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.**

**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 Completion Certificate has been issued.**

**FEE: \$** \_\_\_\_\_ **ONLINE** \_\_\_\_\_ **CHECK #** \_\_\_\_\_

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_