



Town of Ashburnham
 Building Department
 32 Main Street
 Ashburnham, MA 01430
 Ph 978-827-4100 ext.117
 Fx 978-827-4105

For Office Use Only
 Check _____ Permit No. _____
 Fee Paid _____
 Date Issued _____
 Building Official Signature _____

APPLICATION TO INSTALL A SOLID FUEL BURNING APPLIANCE

Includes but not limited to, room heaters, stoves, fireplace inserts, furnaces, boilers; see 760 CMR 6007

SITE INFORMATION

Name _____ Property Address _____

ASSESSOR'S PARCEL ID NUMBERS Map _____ Block _____ Lot _____ # of Dwellings 1 or 2

ZONING DISTRICT Single Family _____ Rural Residential _____ General Residential _____ Other _____

DESCRIPTION OF PROPOSED WORK

Check all applicable:

Fuel Type

- _____ Wood
- _____ Pellet
- _____ Coal
- _____ Other _____
- _____ Multi-Fuel

The following information can be found on metal label on appliance.

- Stove/Fireplace Manufacturer _____
- Model Name/Number _____
- Testing Laboratory Number _____
- Testing Label Number _____

Required Clearances (according to manufacturer or diagram)

- Front or Side door _____ inches
- Side (no door) _____ inches
- Rear _____ inches
- Above Top _____ inches

Appliance Type

- _____ New
- _____ Used
- _____ Stove
- _____ Manufactured Fireplace/Insert
- _____ Masonry Fireplace
- _____ Circulating (has blower)
- _____ Radiant (no blower)

- Hearth Material (Min 1hr. Fire Resistance) _____
- Subfloor Material at Hearth (Non-Combustible) _____
- Min. Hearth Dimensions (see mfg. or diagram) _____

- Wall Protection Material _____
- Flue Collar Diameter (on appliance) _____ inches
- Flue Diameter _____ inches

Chimney/Flue Venting Type

- _____ New
- _____ Existing
- _____ Masonry Chimney
- _____ Relined Chimney
- _____ Metal Chimney
- _____ Direct Vent

- Flue/Chimney Height _____ feet
- Flue Cap Type/Material _____
- Mfg & Type of metal lining, flue or vent _____
- Are any other appliances attached to the stove flue? Yes No

Brief Description of Proposed Work: _____

Stove Dimensions Height _____ inches Length _____ inches Width _____ inches

ESTIMATED CONSTRUCTION COSTS: Cost of project, including cost of solid fuel burning appliance, any related venting/chimney parts and materials, hearth/surround materials, related carpentry materials, electrical work (req. separate permit and licensed electrician), and labor for all of the above:

\$ _____ Building Permit Fee _____

WORKERS' COMPENSATION INSURANCE AFFIDAVIT (MGL c. 152 s25C (6)) Workers' Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of issuance of the building permit.

Signed Affidavit Attached Yes No

CONSTRUCTION SERVICES:

Licensed Construction Supervisor

___ Not Applicable, See Below

Name _____

Phone _____

Address _____

CS License # _____ Exp _____

Licensed Construction Supervisor Signature

Registered Home Improvement Contractor

___ Not Applicable, See Below

Name _____

Phone _____

Address _____

HIC # _____ Exp _____

Reg. Home Improvement Contractor Name

Complete this section if Licensed Construction Supervisor does not sign permit application:: The current exemption for "homeowners" was extended to include **owner-occupied one or two-family dwellings**. It allows such homeowners to engage an individual for hire who does not possess a construction supervisor's license, provided that the homeowner acts as supervisor. (State building Code 7th Edition, Section 5108.3.5.1 Exception) Definition of Homeowner: Person(s) who owns a parcel of land on which he/she residing or intends to reside on which there is, or is intended to be, a one or two- family dwelling, attached or detached structures accessory to such use and/or farm structures. A person who constructs more than one home in a two-year period shall not be considered a homeowner. The undersigned "homeowner" assumes responsibility for compliance with the State Building Code, the Town of Ashburnham Building Dept. inspection requirements, and all other applicable codes, by-laws, rules and regulations. _____ Homeowner Signature _____

Complete this section if Registered Home Improvement Contractor does not sign permit application:

MGL c. 142A requires that the "reconstruction, alteration, renovation, repair, modernization, conversion, improvement, removal, demolition, or construction of an addition to any pre-existing owner-occupied building containing at least one but not more than four dwelling units... or to structures which are adjacent to such residence or building" be done by registered contractors, with certain exceptions, along with other requirements.

I hereby certify that Home Improvement Contractor Registration is not required for the following reason(s)

- ___ Work excluded by law
- ___ Job under \$100 0
- ___ Building not owner-occupied
- ___ Building does not contain 1-4 dwelling units
- ___ Owner pulling own permit
- ___ Other (Specify) _____

Notice is hereby given that owners pulling their own permit or dealing with unregistered contractors for applicable home improvement work do not have access to the arbitration program or guaranty fund under MGL c. 142A

Signature of Owner/Agent

PROFESSIONAL DESIGN AND CONSTRUCTION SERVICES: Buildings & structures containing more than 35,000 cubic ft of enclosed space (including bsmt) are subject to Construction Control pursuant to 780 CMR 116. Applications for Building Permits associated with such structures shall be accompanied by a Construction Control Affidavit and an attached list of names, addresses, phone numbers, signatures, registration numbers, and expiration dates for all registered architects and registered engineers involved in the project.

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record _____

Phone Number _____

Mailing Address _____

Authorized Agent _____

Phone Number _____

Mailing Address _____

OWNER AUTHORIZATION: Complete this section if owner's agent or contractor applies for building permit.

I, _____, as owner of the subject property hereby authorize _____ to act on my behalf in all matters relative to work authorized by this building permit application.

Owner Signature

Date

OWNER/AUTHORIZED AGENT DECLARATION:

I, _____, as owner/authorized agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains & penalties of perjury.

Print Name

Signature of Owner/Agent

Date



TOWN OF ASHBURNHAM

Office of the Building Commissioner
Town Hall – 32 Main Street
Ashburnham, Massachusetts 01430

Richard C. Reynolds
Building Commissioner

Permit No. _____

**APPLICATION FOR INSTALLATION AND INSPECTION OF
SOLID FUEL BURNING APPLIANCES, CHIMNEYS,
ROOM HEATERS AND/OR CENTRAL HEATING**

TYPE OF STOVE OR CHIMNEY: _____

DATE: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CONTRACTOR: _____ LICENSE # _____

LOCATION OF SOLID FUEL BURNING DEVICE: _____

PERMIT FEE: \$30.00

SIGNATURE OF APPLICANT

FOR BUILDING DEPARTMENT USE ONLY:

INSPECTION MADE: _____

COMMENTS: _____

CERTIFICATE ISSUED: _____

DATE: _____

COMMISSIONER OF BUILDINGS

NOTE: All solid fuel stoves must have outside combustion air