

TOWN OF WINCHENDON



Building Department

Telephone (978) 297-3537  
Facsimile (978) 297-1616

109 Front Street  
Winchendon, Massachusetts 01475-1758

**Application for Installation and Inspection of Solid Fuel Burning Appliances**

**PERMIT:**                      **Building Commissioner**                      **Date** \_\_\_\_\_

A building permit is required for the installation of any solid fuel-burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

**TYPE OF SOLID FUEL BURNING APPLIANCE**

- |  |  |                 |
|--|--|-----------------|
| A. <input type="checkbox"/> New                        | <input type="checkbox"/> Used          | DATE _____      |
| B. <input type="checkbox"/> Wood Stove                 | <input type="checkbox"/> Multi - Fuel  | \$VALUE\$ _____ |
| C. <input type="checkbox"/> Pellet Stove               | <input type="checkbox"/> Solid - Fuel  | MAP _____       |
| D. <input type="checkbox"/> Factory Fabricated Chimney | <input type="checkbox"/> Add - on Unit | PARCEL _____    |
| E. <input type="checkbox"/> Room Heater                | <input type="checkbox"/> Separate Unit |                 |
| F. <input type="checkbox"/> Masonry Chimney            |  |                 |

Owner Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ License# \_\_\_\_\_

Location of solid fuel burning device: \_\_\_\_\_

Model Name of Appliance \_\_\_\_\_ Serial # \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant's name printed