



**TOWN OF WARREN  
INSPECTOR OF BUILDINGS**

P.O. Box 609

Warren, Massachusetts 01083

- (413) 436-5701 ext. 101 – BuildingInspector@warren-ma.gov -

Office Use Only
Permit #
Map:

**SOLID FUEL BURNING APPLIANCE PERMIT APPLICATION**

(EXTERIOR WOOD FURNACE/BOILERS ARE PERMITTED THROUGH THE BOARD OF HEALTH)

Property Street Address:		
City:	State:	Zip:
Use Group:	Principal Use of Building:	
Owner Name:		
Owner Address (if different from above):		
City:	State:	Zip:
Owner Phone:	Owner Email:	
Applicant Name (if different from above):		
Applicant Address:		
City:	State:	Zip:
Applicant Phone:	Applicant Email:	

**INSTALLER\*\***

To be provided if applicant is not the homeowner

CSL Name:	Type: U/R/M/RC/WS/SF/I/D
License #:	Expiration Date:
Address:	
Phone:	Email:
HIC Name:	
License #:	Expiration Date:
Address:	
Phone:	Email:

**APPLIANCE**

Circle One: New / Used	Room Appliance Installed In:	
Circle One: Radiant / Circulating*	Circle Applicable Fuel Type: Wood / Coal / Pellet / Other	
Stove Name:	Manufacturer:	
Model Name:	Serial #:	UL Listing #:
<b>* Electrical permit may be required; extension cords are not allowed to power appliances</b>		

**CHIMNEY TYPE & FLUE**

Width:	Height:	Chimney Cleanout Size:
Circle Applicable: Masonry* / Metal / Insulated	If Masonry, Circle Applicable: Lined / Unlined	
If Metal or Insulated, Manufacturer:		
<b>* Existing masonry chimneys are required to be inspected pertaining to liner condition and structural stability BY A LICENSED PROFESSIONAL OR CHIMNEY CLEANING COMPANY to obtain a Certificate of Inspection</b>		

**SMOKE & CARBON MONOXIDE DETECTOR INFORMATION**

**Without this information, the permit application will be DENIED**

Smoke & Carbon Monoxide Detector Age:	Detector Location:
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**\*\*OWNER AUTHORIZATION TO BE COMPLETED WHEN 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 OR AUTHORIZED AGENT DECLARATION**  
**- THIS SECTION MUST BE SIGNED BY THE APPLICANT -**

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.	
Applicant Signature:	Date:

**PLEASE NOTE, ALL PERMIT APPLICATIONS REQUIRE:**

- Workers Compensation Affidavit
- Debris Disposal Affidavit
- If the Homeowner, as defined in 780 CMR 10<sup>th</sup> Edition, is the Applicant, a Homeowners Warning Affidavit
- Manufacturer install instructions (2 or 3 pages only) are required with application, plus made available at inspection
- A self-addressed stamped envelope for document return

**This is an APPLICATION ONLY. Your appliance is NOT approved and CANNOT be used until the Permit is approved, and final inspection is performed AND approved.**

**PERMITS NOT ACTED ON WITHIN 180 DAYS OF ISSUANCE ARE VOID.**

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Building Official Signature:		
Approval Date:	Fee Amount: \$50.00	Check #

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**OFFICIAL USE**

Inspection Date:	
Smoke & Carbon Detectors Location/Inspection:	
Inspection Signature:	