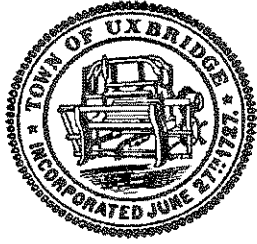


SOLID FUEL BURNING STOVE PERMIT APPLICATION



Town of Uxbridge, Building Department
21 South Main Street, Room 203
Uxbridge, MA 01569
Phone (508) 278-8600 x 2014 Fax (508) 278-0709
Office Hours: M, Tue & Thur. 7:30am – 5:00pm, Wed 8:00am-7:00pm
FRIDAYS CLOSED

The undersigned hereby applies for a permit to install a Solid Fuel Burning Stove.

Date: _____ Location in house of stove: _____

Homeowner's Name: _____ Phone # _____

Address: _____
(Street & Mailing address)

Installer's Name: _____
(Must have Workers comp. Affidavit & Insurance Liability Certificate)

Installer's Address: _____

License # _____ Installers Phone # _____
(CSL or Specialty License #, (SFCSL)

Stove Manufactured By: _____

Model Number: _____
(Must have before permit can be issued)

Serial Number: _____
(Should be located back of stove on Brass plate)

Testing Lab & Date: _____

Cost of Stove: \$ _____ Circle Type of FUEL -- Wood -- Pellet -- Coal -- other _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT UNDER THE PAINS AND PENALTIES OF PERJURY.
The Appliance as states above and installation thereof conforms to the requirements of the State Building Code, 780 CMR 6007 Solid Fuel-Burning Appliance.

Homeowner's Signature: _____ Date: _____

Permit must be obtained PRIOR to installation, Fee's may be doubled if work is performed before.

Fee \$25.00 Check or Money order Payable to: Town of Uxbridge

Tax Collector - Approval & Remarks _____

Inspector of Building's Approval: _____ Date: _____
Glenn Hand, Inspector of Buildings

Permit Number: _____ Permit Fee: \$25.00 Map/Parcel: _____

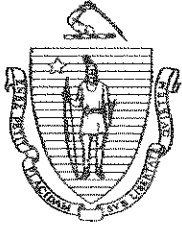
Checklist Requirements for the Installation and Use of Wood Burning & Other Solid Fuel-Burning Heating Appliances

1. Solid Fuel Burning Appliance is Listed and Labeled
2. Installer holds a Construction Supervisor License (CSL) (unless the homeowner is going to install the appliance).
3. If Installation is an owner-occupied building of up to 4-units, the individual signing the contract with the homeowner holds a Home Improvement Contractor Registration
4. **The Building Permit is obtained PRIOR to Installation.**
5. The location where the appliance is being installed has a satisfactory supply of fresh air.
6. The location where the appliance is being installed is **NOT** near flammable vapors, gasoline, explosives or other combustible liquids, fibers or dust.
7. The location where the appliance is being installed provides for the required clearances from combustible construction and other objects such as furniture, drapes, carpets, etc.
8. The location where the appliance is being installed has proper floor protection/hearth extension under or in front of the appliance.
9. The appliance has proper venting to the outside of the building.
10. If the appliance vents through a chimney, the connector pipe from the appliance to the chimney is the correct type and size and is installed with the required clearances to combustibles.
11. If the appliance vents through combustible walls or roof or ceiling, the vent system uses listed thimbles or specialized piping or free clearances where the vent system passes through combustible construction.
12. The appliance does not share a flue or vent with other appliances.
13. The building inspector has inspected the appliance after installation but before use.

***If you have any questions about properly installing a solid fuel-burning appliance, you should contact the Building Inspector.**

**** It is strongly recommended that smoke detectors are installed.prior to use.**

***** As of March 31, 2006, Carbon Monoxide Detectors are required.**



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. ‡ These sub-contractors have workers' comp. insurance.</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|--|--|

Type of project (required):

6. New construction
7. Remodeling
8. Demolition
9. Building addition
10. Electrical repairs or additions
11. Plumbing repairs or additions
12. Roof repairs
13. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and their workers' comp. policy information.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

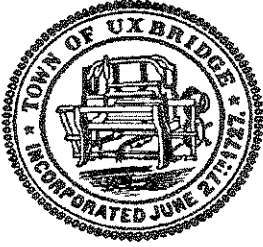
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
 6. Other _____

Contact Person: _____ Phone #: _____



**Town of Uxbridge
Inspector of Buildings**

21 South Main Street, Room 203
Uxbridge, MA 01569

Phone # (508) 278-8600 x 2014 Fax # (508) 278-0709
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FRIDAYS CLOSED

Email: building.inspector@uxbridge-ma.gov

Checklist for Stove Permits

Homeowner doing work:

- Application must be filled out COMPLETELY.
- Worker's Compensation Insurance must be completed.
- \$25.00 Check payable to the: *Town of Uxbridge*.

Hired Installer doing work:

- Application must be filled out COMPLETELY.
- Worker's Compensation Affidavit must be completed.
- Insurance Liability Certificate (needed).
- Copy of Installers CSL & HIC licenses.
- \$25.00 Check payable to the: *Town of Uxbridge*.