



Town of Uxbridge
BOARD OF HEALTH

21 South Main Street
Uxbridge, MA 01569
Phone (508) 278-8600 x 8 Fax (631)223-4307
boh@uxbridge-ma.gov

APPLICATION FOR
INSTALLATION AND OPERATION
OF AN OUTDOOR WOOD BURNING FURNACE

Fee: **\$75.00** Map _____ Parcel _____ Permit # _____

Name: _____ Phone: _____

Address: _____

I hereby make application to the Uxbridge Board of Health for the installation/operation of an Outdoor Wood Burning Furnace – I have, in accordance with the regulations of the Uxbridge Board of Health governing these furnaces, provided the following:

1. Map of property showing proposed outdoor wood burning furnace location in relation to other building and separation distances from furnace to all buildings, accessory buildings, and neighboring houses within 400 feet together with distances to all roads adjacent to site and distances from furnace to woods, brush, and flammable structures.
2. Copy of manufacturer's recommendations/owner's manual

Proposed or height of smoke stack _____ feet. (Cannot exceed 35 ft.)
Furnaces located between 200 and 400 feet of an abutting residence – smokestack height shall be at least 50% of the height of the eaves line of the highest abutting residence plus 2 feet. (Height of eaves line of highest abutting residence: _____)

I have read and received a copy of the Board of Health regulations regarding outdoor wood burning furnaces and agree to abide by them.

Signature

Date