



# BUILDING PERMIT APPLICATION

## STOVE

### TOWN OF WARE, MASSACHUSETTS

413.967.9648 x180 www.townofware.com

|           |  |
|-----------|--|
| VP ID     | _____  |
| Received: | _____  |
| Fee:      | _____  |
| Check #:  | _____  |
| CSL       | <input type="checkbox"/> Owner's Manual <input type="checkbox"/>       |
| HIC       | <input type="checkbox"/> Installation Booklet <input type="checkbox"/> |

- If **not** installed by homeowner, installer must possess a residential solid fuel-burning construction supervisor's license (CSL) **or** an unregistered CSL, and proof of license **must** be submitted with application
- New stoves shall be installed in accordance with manufacturer's listing (UL, etc.) requirements
- When stove is installed, call for inspection - please give 24 hours' notice: 413.967.9648 x180

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

(Signature)

Proposed Installment Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Installer: \_\_\_\_\_

CSL# of Installer: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Type of Fuel Used:** PELLET  WOOD  COAL  GAS  / New  Replacement   
*(If Gas Stove, then a Gas Permit must also be submitted)*

**Make and Model of Stove:** \_\_\_\_\_

**Identification Number:** \_\_\_\_\_

**Location of Stove:** \_\_\_\_\_ **Style:** Insert  Free Standing

**Chimney:** New  Existing  Size of Flue Area: \_\_\_\_\_ **Metal:** \_\_\_\_\_  
(number and flue size) (Manufacturer- name and type)

**Masonry:** Lined: \_\_\_\_\_ Unlined: \_\_\_\_\_ Flue Liner: \_\_\_\_\_  
(type and manufacturer)

Height: \_\_\_\_\_ Cap: \_\_\_\_\_

**Hearth:** Materials: \_\_\_\_\_

Sub-Floor Construction: \_\_\_\_\_ Minimum Dimensions: \_\_\_\_\_

#### Clearances and Wall Protections:

Type of Wall Protection Provided: \_\_\_\_\_ Clearances: \_\_\_\_\_

**Required Documents:** Copy of Owner's Manual  Copy of Installation Guidelines  (This can be emailed)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Tax Collector Sign-Off Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Anna S. Marques, Building Commissioner Date