



Town of Fairhaven

Application for Solid Fuel Burning Appliance

Permit No. _____ Date _____

Zoning: _____ Plot: _____ Lot: _____

Location of Job: _____

Applicant Name _____ Address _____ Phone _____ License _____

Owner _____

Contractor _____

Wood Stove

Manufacture _____ Radiant Type _____ Circulating Type _____

Model# _____ U.L. Lab.# _____

Collar Size _____ Damper _____

Chimney

Flue Size _____ Pre-Fab Chimney _____ Masonry Chimney _____

Height Above Roof _____ Lined _____ Unlined _____ Total Height _____

Size of Ash Clean Out(s) _____

Hearth

Material Used _____ Rear Clearance _____ Front _____

Right Side Clearance _____ Left Side Clearance _____

Non-labeled appliances must be inspected before permit can be issued. All pipes should be screwed together with the male end towards the stove and all pipes should pitch $\frac{1}{2}$ per foot of run toward the stove.

I, the undersigned Owner hereby apply for a Building Permit and agree to comply with the Massachusetts State Building Code and all the applicable codes and laws pertaining to the above project.

Owner Signature: _____ Date _____

I, the undersigned Licensed Construction Supervisor agree to perform and be responsible for all work approved under this application in conformance with Appendix Q of the Massachusetts State Building Code.

Contractor's Signature: _____ Date _____

Estimated Cost: _____ Fee _____