



TOWN OF ABINGTON
BUILDING DEPARTMENT
500 GLINIEWICZ WAY
ABINGTON, MA 02351
PHONE (781) 982-2105
FAX (781) 982-2121

**APPLICATION FOR
WOOD STOVE, COAL STOVE, COAL/WOODBURNING FURNACE, CHIMNEY &/ OR FIREPLACE**

Fee \$ _____

Date _____

THE UNDERSIGNED APPLIES FOR A PERMIT AS FOLLOWS:

1. Present owner's name and address _____

Telephone No. _____

2. Owner's name and address as of last January 1st (if different) _____

3. Location of Building: Assessor's Map # _____ Lot # _____ Street & No. _____

4. If dwelling, how many families: _____ No. of Stories _____

5. Installer's name and address _____

6. What is estimated cost (must be answered) \$ _____

7. Type of installation (masonry, wood stove, other) _____

Permit: A building permit is required for the installation of any solid fuel burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

8. Stove A. New _____ Used _____

B. Type / Radiant _____ Circulating _____

C. Manufacturer _____ Lab. No. _____

Name/ Model No. _____ Collar size _____

Dimensions: Height _____ Length _____ Width _____

9. Chimney A. New _____ Existing _____

B. Size (flue area) _____

C. Other appliances attached to flue (number and flue size) _____

D. Prefab (Manufacturer, Name and Type) _____

E. Masonry: Lined _____ Flue Liner Type _____

Unlined _____ Manufacturer _____

10. Appliance will be installed in: Room _____ Cellar _____ Other _____

11. Zoning District _____ MUST BE INSPECTED BEFORE USE

12. Re-Inspection fee: \$15.00 Applicant's Signature _____

13. Remarks _____ Permit # _____

Date Issued: _____

Approved: _____ Inspector of Buildings