



TOWN OF ROCKLAND

Building Department

242 UNION STREET
ROCKLAND, MASSACHUSETTS 02370

TELEPHONE 781-871-0596

FAX 781-616-6824

WOOD STOVE, COAL STOVE & COAL/WOODBURNING FURNACE CHIMNEY & / OR FIREPLACE PERMIT

Fee: \$ _____

*** **MUST BE INSPECTED BEFORE USE** ***

Date: ____/____/____

The undersigned applies for a permit as follows

1. Present owner's name and address: _____ Tel. ____/____/____

2. Location of Building: _____

3. Assessor's Map No.: _____ Lot No.: _____ Zone: _____

4. If Dwelling, how many families? _____ No. of Stories _____

5. Installers Name and address: _____ Tel. ____/____/____

HIC Lic. No.: _____ CSL Lic. No.: _____

6. What is estimated cost (material & labor) 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 is limited to the stove installation and not to the stove construction.

8. STOVE: A. New _____ Used: _____

B. Type/Radiant _____ Circulating: _____

C. Manufacture: _____ Lab No./UL 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 (no. & flue size) _____

D. Prefab: (manufacturer name and type) _____

E. Masonry Lined: _____ Flue liner type: _____

Unlined _____ Manufacturer _____

F. Last time Chimney cleaned: ____/____/____. By: _____ Lic. No: _____

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

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11. Reinspection Fee: \$40.00 Applicant's Signature: _____

12. Remarks: _____ Permit No.: _____

Date Issued: ____/____/____

Approved: ____/____/____

Electric Permit Needed: Yes _____ No _____

Electric Inspector OK: _____ Building Inspector OK: _____

Date: ____/____/____

Date: ____/____/____