



The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC SAFETY

527 CMR 4.00 Form 1

Application for Permit, Permit, and certificate of completion for the Installation or Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil.

_____ (City or Town)

_____ (Date)

Permit #'s: FD _____ Elec. _____ FDID#: _____ Fee Paid _____

Owner/Occupant Name: _____ Tel # : _____

Installation Address: _____ Services Floor or Unit #: _____

_____ Heating Unit _____ Domestic Water Heater _____ Power Vent _____ Other

Burner: _____ New _____ Existing Location: _____

Trade Name: _____ Mfg: _____

Type: _____ Model # Size: Location: _____

_____ Fuel Oil _____ Kerosene _____ Waste oil

Storage Tank: _____ New _____ Existing Location: _____

Special Requirements (or Additional safety devices):

_____ OSV Valve _____ Oil line protected _____ Sheetrock _____ Sprinkler AFUE: yes _____ No _____

Combustion Test: _____ Nozzle Size _____ Gross Stack Temp: _____

Net Stack Temp: _____ CO2 Test _____ Breech Draft _____

Smoke: _____ Overfire Draft: Efficiency rating %: _____

I, the undersigned certify that the installation of fuel burning equipment has been made in accordance with M.G.L. c. 148B and 527 CMR 4.00 currently in effect. Furthermore, this installation has been tested in accordance with such requirements, is now in proper operating condition and complete instructions as to its use and maintenance have been furnished to the person or whom the installation (or alteration) was made.

Co. Name: _____

Address: _____ City: _____ Zip: _____

Installer: _____

Print Name

Signature (no Stamp)

Certificate of Competency #: _____

Once signed by the Fire Department , this is a PERMIT for the storage and use of oil burning equipment.

Inspected by: _____ Date: _____

Keep Original as application. Issue duplicate as permit. This form may be photocopied.