

# Town of Savoy

Massachusetts 01256

720 Main Road

Tel. # 413-743-4290

Fax. # 413-743-4292

## Solid Fuel Burning Appliance and Metal Chimney Permit Application

Note: This application is not for masonry chimneys or fireplaces. A solid fuel-burning appliance shall not share a common flue with a working fireplace nor with another solid fuel-burning appliance as applicable by 780 CMR

### APPLICATION MUST BE COMPLETE

Check all that apply:

- ☐ Pellet stove with label and installation instruction  
☐ New manufactured metal chimney

- ☐ Wood Stove with label and installation instructions  
☐ Heatilator ☐ Other

Property owner(s) name (as it appears on deed) \_\_\_\_\_

Street \_\_\_\_\_ Telephone \_\_\_\_\_ Work Phone \_\_\_\_\_ Lot \_\_\_\_\_ Parcel \_\_\_\_\_

Installer \_\_\_\_\_ License/HIC \_\_\_\_\_ Street \_\_\_\_\_

City/Town \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_

Type of unit(s) \_\_\_\_\_ BTU output \_\_\_\_\_ Testing laboratory \_\_\_\_\_

ASTME number \_\_\_\_\_ UL listing number \_\_\_\_\_ (PLEASE ENCLOSE COMPLETE INSTALLATION INSTRUCTIONS)

Distance from top of unit to ceiling \_\_\_\_\_ Material on ceiling \_\_\_\_\_

Distance from walls to unit: North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

Types of materials on walls: North \_\_\_\_\_ South \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_

Distance from windows, doors, and other openings: \_\_\_\_\_

Distance from air intakes, gas meters, or vents: \_\_\_\_\_

Distance from furniture or combustibles to unit: \_\_\_\_\_

Type and dimension of floor protection: \_\_\_\_\_

Type of metal chimney \_\_\_\_\_ UL listing \_\_\_\_\_ Size of metal chimney \_\_\_\_\_

Type of chimney \_\_\_\_\_ Size of chimney \_\_\_\_\_ Type of thimble \_\_\_\_\_ Size of thimble \_\_\_\_\_

Type of flue \_\_\_\_\_ Size of flue \_\_\_\_\_ Height of chimney (from lowest inlet to top) \_\_\_\_\_

Other appliances connected to the same flue: \_\_\_\_\_ BTU Output \_\_\_\_\_

Type of smoke detector: \_\_\_\_\_ Type of carbon monoxide detector \_\_\_\_\_

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code.

780 CMR §110.5 OF THE MASS. BLDG. CODE REQUIRES EVERY APPLICATION TO BE SIGNED BY THE OWNER OF THE PROPERTY, OR, BY AN AUTHORIZED AGENT. IF IT IS SIGNED BY AN AGENT, A CONTRACT SIGNED BY THE OWNER OR LETTER OF AUTHORIZATION, MUST ACCOMPANY THIS APPLICATION

(Signature of Owner or Authorized Agent) \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved \_\_\_\_\_ ☐ Denied \_\_\_\_\_ Date \_\_\_\_\_

# WOOD STOVE INSTALLATION APPLICATION

MASSACHUSETTS STATE  
BUILDING CODE COMMISSION

## Permit

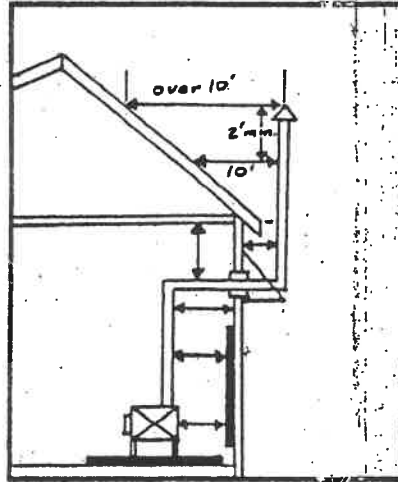
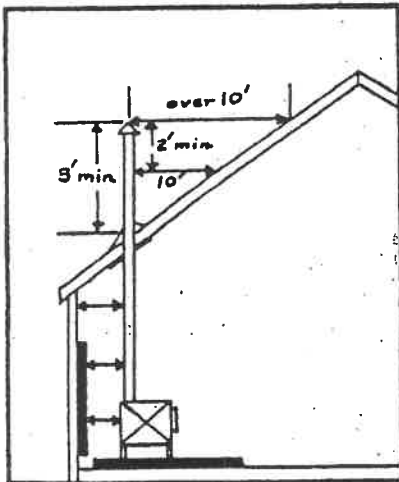
A building permit is required for the installation of any solid fuel burning appliance. The building permit and installation inspection are limited to the stove installation and not to the stove construction.

## Stove

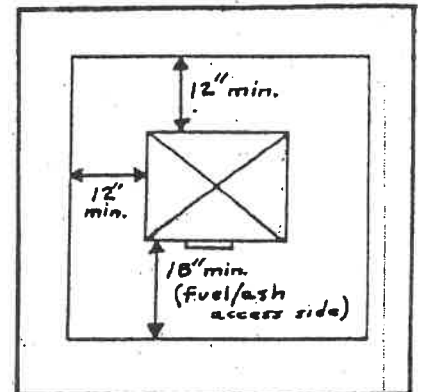
- A) Type/radiant \_\_\_\_\_ circulating \_\_\_\_\_  
B) Manufacturer \_\_\_\_\_ test label \_\_\_\_\_  
(after July 1, 1979 only)  
Name/Model No. \_\_\_\_\_ Collar size \_\_\_\_\_  
Dimensions/Height \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_

## Chimney

- A) New \_\_\_\_\_ Existing \_\_\_\_\_  
B) Size (flue area) \_\_\_\_\_  
C) Other appliances attached to flue (Number and flue size) \_\_\_\_\_  
D) Metal (Manufacturer—name and type) \_\_\_\_\_  
E) Masonry/Lined \_\_\_\_\_  
Unlined \_\_\_\_\_ Flue liner \_\_\_\_\_  
(type & manufacturer)  
F) Height (refer to diagrams) \_\_\_\_\_



CHIMNEY HEIGHT



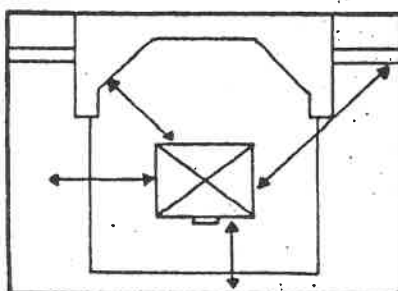
HEARTH

## Hearth

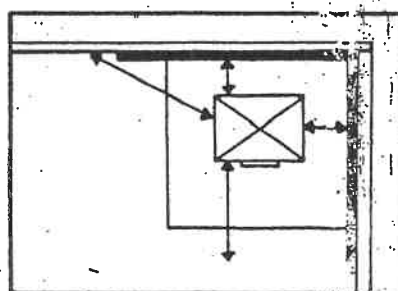
- A) Materials \_\_\_\_\_  
B) Sub-floor construction \_\_\_\_\_  
C) Minimum dimensions (refer to diagram) \_\_\_\_\_

## Clearances and Wall Protection (see stove installation clearances chart)

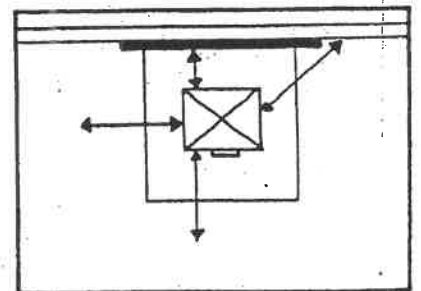
- A) Type of wall protection provided \_\_\_\_\_  
B) Clearances (refer to diagrams) \_\_\_\_\_



FIREPLACE



CORNER



WALL/CENTER

Date.....

Address.....

Name.....

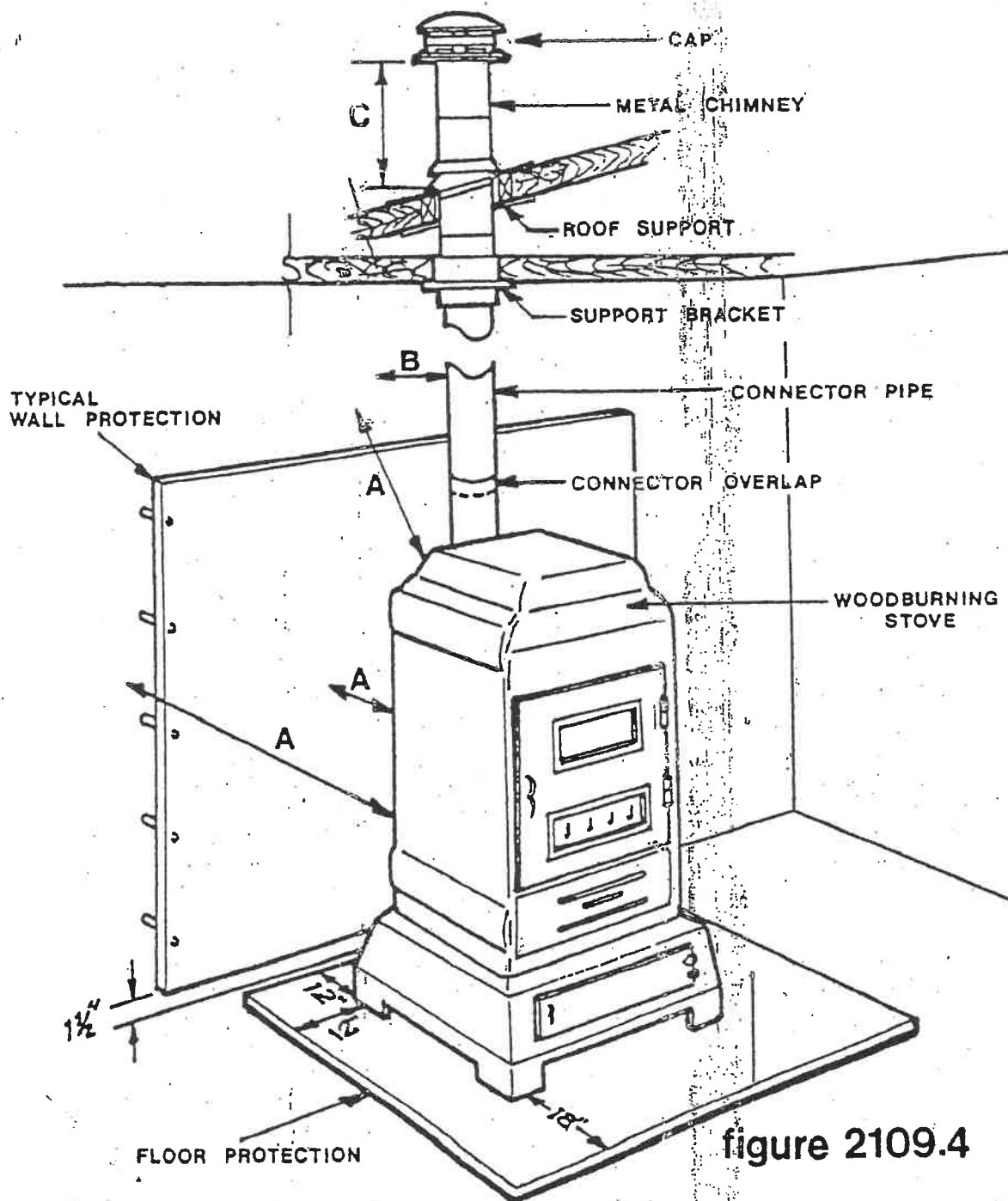


figure 2109.4

## STOVE INSTALLATION CLEARANCES

Stove Components	TYPICAL WALL PROTECTION			
	Combustible Material	1" Asbestos Millboard Spaced Out 1"	Concrete/Masonry Foundation Wall	4" Brick Veneer
Radiant Stove 1. —Front	36"	—	—	—
Circulating Stove 1. —Front	24"	—	—	—
A. Radiant Stove —Side/Back	36"	18"	6"	18"
A. Circulating Stove —Side/Back	12"	6"	6"	6"
B. Single Wall Connector Pipe	18"	12"	6"	8"
B. Double Wall or Insulated Connector Pipe	9"	6"	4"	6"
C. Chimney Height (Metal or Masonry)	Three (3) feet above adjacent roof and two (2) feet above any roof ridge within 10 feet			
D. Damper	If a damper is not included in the stove construction, it must be installed in the connector pipe.			

1. Front: Fuel or ash access side.

2. Thimble required for passage through combustible construction.

3. Non-combustible spacers required.

4. On each side of a radiant stove with a heat shield shall be measured as if a circulating type.

**CHECKLIST REQUIREMENTS FOR THE INSTALLATION AND USE OF  
WOOD BURNING AND OTHER SOLID FUEL-BURNING HEATING  
APPLIANCES**

<input type="checkbox"/>	1. Solid Fuel Burning Appliance is Listed and Labeled, <u>boilers</u> are stamped with the A.S.M.E code symbol stamp.
<input type="checkbox"/>	2. Installer holds a Construction Supervisor License (CSL) unless the homeowner is going to install the appliance.
<input type="checkbox"/>	3. If installation is an owner-occupied building of up to four units, the individual signing the contract with the homeowner holds a Home Improvement Contractor Registration.
<input type="checkbox"/>	4. The Building Permit is obtained prior to installation.
<input type="checkbox"/>	5. The location where the appliance is being installed has a satisfactory supply of fresh air.
<input type="checkbox"/>	6. The location where the appliance is being installed is NOT near flammable vapors, gasoline, explosives or other combustible liquids, fibers or dust.
<input type="checkbox"/>	7. The location where the appliance is being installed provides for the required clearances from combustible construction and other objects such as furniture, drapes, carpets, etc.
<input type="checkbox"/>	8. The location where the appliance is being installed has proper floor protection/hearth extension under or in front of the appliance.
<input type="checkbox"/>	9. The appliance has proper venting to the outside of the building.
<input type="checkbox"/>	10. If the appliance vents through a chimney, the connector pipe from the appliance to the chimney is the correct type and size and is installed with the required clearances to combustibles.
<input type="checkbox"/>	11. If the appliance vents through combustible walls, roof, or ceiling, the vent system uses listed thimbles, specialized piping, or free clearances where the vent system passes through combustible construction.
<input type="checkbox"/>	12. The appliance does not share a flue or vent with other appliances.
<input type="checkbox"/>	13. The building inspector has inspected the appliance after installation but before use.

**Building Permit Application and Solid Fuel Burning Appliance Application must both be filled out completely for permit to be issued.**