TOWN OF MILLIS BUILDING DEPARTMENT

900 Main Street – Millis MA 02054 Phone: 508-376-7044 Fax: 508-376-7053

SOLID FUEL BURNING STOVE PERMIT APPLICATION

Tax Collectors Signature:	required prior to submitting to building inspector
To The Building Commissioner:	Date:
In accordance with 780 CMR The Mahereby applies for a permit to install a S	assachusetts State Building Code 7 th Edition the undersigned Solid Fuel Burning Stove.
Owners Name :	
Owners Address:	Owners Phone #:
Installers Name & Address:	
Installers State License Number:	Installers Phone #
Model Number:	Serial Number:
Testing Lab:	Cost of Installation:
Date Tested: Stove Man	nufactured By:
I HEREBY CERTIFY THAT THE AB AND PENALTIES OF PERJURY.	OVE INFORMATION IS CORRECT UNDER THE PAINS
License Holders Signature:	Date:
Owners Signature:	Date:
In accordance with 780 CMR Section 5	108.3.5.1 Exception: (Homeowner performing work) when performing the work and applying for this permit unde
HOMEOWNER SIGNATURE ***********************************	***************
Building Commissioner Approval:	Date:
Permit Number:	Permit Fee: