

TOWN OF LENOX SOLID FUEL BURNING APPLIANCE PERMIT INFORMATION FORM

Owner Name: _____	Phone: _____
Address: _____	

Contractor: _____	Phone: _____
Address: _____	

1.) Type of unit: (circle) fireplace	woodstove	pellet stove	other: _____
2.) Manufacturer: _____	Model#: _____		
Serial Number: _____			
3.) BTU Rating: _____	Combustion chamber size: w____d____h____		
4.) Room Use: _____	Floor level of use: _____		
5.) Is appliance listed?	Yes	No	If yes by whom? _____
6.) Is chimney listed?	Yes	No	If yes by whom? _____
7.) Chimney type: _____	Type of stack pipe: _____		
8.) Distance of pipe to combustibles: _____			
9.) Appliance clearances:	Side _____	Back _____	Front _____ Top _____ Floor _____
10.) Are there (3) screws in every pipe joint?	Yes	No	N/A
11.) Is there an air tight clean-out on chimney?	Yes	No	
12.) Does the flue service any other appliances?	Yes	No	
13.) Type and size of non-combustible hearth: _____ (must extend at least 12" from each side and 18" from ash door)			
14.) Type and size of non-combustible wall protection with one inch air space: _____			
15.) Has there ever been a chimney fire? Yes date: _____ No Unknown			
16.) Are smoke detectors operational & adjacent to all sleeping areas? Yes No			

Official Use			
Installation:	Approved	Rejected	Date: _____
Inspector's signature: _____			
Comments:			

The issuance of this permit does not take the place of any license required by law and is NON-TRANSFERABLE. By approving the permit and conducting a visual inspection, the Town of Lenox and it's inspectors will not accept responsibility.	
Name of Applicant: _____	Phone: _____
Signature of Applicant: _____	Date: _____