4.03: continued

The Commonwealth of Massachusetts
Department of Public Safety

527 CMR 4.00 - Form 1

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

Leominster
(City or Town) (Date)

Permit #'s: FD _____ Elec. _____ FDID#: 27-153 Fee Paid: _____

Owner/Occupant Name: _____ Tel #: _____

Installation Address: _____ Serviced Floor or Unit #: _____

☐ Heating Unit ☐ Domestic Water Heater ☐ Power Vent ☐ Other _____
Burner: ☐ New ☐ Existing Location: _____

Trade Name: _____ Mfg: _____

Type: _____ Model # or Size: _____ Nozzle Size: _____
☐ Fuel Oil ☐ Kerosene ☐ Waste oil
Storage Tank: ☐ New ☐ Existing Location: _____

Type: _____ Capacity: _____ gals. No. of Tanks: _____

Special requirements (or additional safety devices) _____

_____

☐OSV Valve ☐Oil line protected ☐Sheet Rock ☐Sprinkler AFUE:☐yes ☐no EF:☐yes ☐no
(Furnace and boilers) (Water heater)

Co. Name: _____ Tel # _____

Address: _____ City: _____ Zip: _____

Completion Date: _____

Combustion Test: Gross Stack Temp.: _____ Net Stack Temp.: _____

CO^2 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. 148 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 for whom the installation (or alteration) was made.

Installer: _____
Print Name *Cert of C#* *Signature (no Stamp)*

Address: _____ City: _____