4.03: continued

## 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	Ele	с	FDID#:	Fee Paid:
	Occupant Name: Tel #:			
				loor or Unit #:
☐ Heating Unit	☐ Domestic	Water Heater [		ther
Type:	Kerosene 🗆	Model # or Size: Waste oil		Nozzle Size:
Туре:	Сар	pacity:	gals. No. of	Tanks:
COSV Value C	Oili			
			(Furnace au	yes Ino EF: Iyes Ino nd boilers) (Water heater)
Co. Name:			(Fumace ai Tel #_	nd boilers) (Water heater)
Co. Name:			(Fumace ai Tel #_	nd boilers) (Water heater)
Co. Name:Address:Completion Date:			(Fumace ai Tel #_	nd boilers) (Water heater)  Zip:
Co. Name:Address:Completion Date:	Gross Stack To	<del>-</del>	(Furnace as Tel # _ City: Net Stack Temp.:	nd boilers) (Water heater)  Zip:
Co. Name:  Address:  Completion Date:  Combustion Test:	Gross Stack To	<del>-</del>	(Furnace as Tel # _ City: Net Stack Temp.: Breech Draft:	nd boilers) (Water heater)  Zip:
Co. Name:  Address:  Completion Date:  Combustion Test:  Smoke:  the undersigned certify urrendy in effect. Further	Gross Stack To	emp.:	(Furnace as  Tel # _  City: Net Stack Temp.:  Breech Draft:  Efficiency rating ?	Zip:
Co. Name:  Address:  Completion Date:  Combustion Test:  Smoke:  the undersigned certify in effect. Further project instructions as to	Gross Stack To  CO <sup>2</sup> Test:  Overfire Draft:  that the installation of the control of the contro	emp.:	(Furnace as  Tel #  City:  Net Stack Temp.:  Breech Draft:  Efficiency rating 9	Zip:
Co. Name:  Address:  Completion Date:  Combustion Test:  Smoke:  the undersigned certify arrenty in effect. Further the undersigned certify arrenty in effect. Further the undersigned certify arrenty in effect. Further the undersigned certify arrenty in effect.	Gross Stack To  CO <sup>2</sup> Test:  Overfire Draft:  that the installation of the control of the contro	f fuel burning equipmer has been tested in acc have been furnished to	(Furnace as  Tel #	Zip:  Zip:  with M.G.L. c. 148 and 527 CMR 4.00 is now in proper operating condition and ion (or alteration) was made.  Signature (no Stamp)
Co. Name:  Address:  Completion Date:  Combustion Test:  Smoke:  the undersigned certify arrenty in effect. Further the undersigned certify arrenty in effect. Further the undersigned certify arrenty in effect. Further the undersigned certify arrenty in effect.	Gross Stack To  CO <sup>2</sup> Test:  Overfire Draft:  that the installation of the control of the contro	f fuel burning equipmer has been tested in acc have been furnished to	(Furnace as  Tel #	Zip:  Zip:  with M.G.L. c. 148 and 527 CMR 4.00 is now in proper operating condition and ion (or alteration) was made.  Signature (no Stamp)
Co. Name:  Address:  Completion Date: Combustion Test: Combustion Test:  Smoke:  the undersigned certify urrently in effect. Further properties instructions as to installer:  ddress:	Gross Stack To  CO <sup>2</sup> Test:  Overfire Draft:  that the installation of the control of the contro	fituel burning equipmer has been tested in acc have been furnished to	(Furnace as  Tel #	Zip:  Zip:  with M.G.L. c. 148 and 527 CMR 4.00 is now in proper operating condition and ion (or alteration) was made.  Signature (no Stamp)