

TOWN OF ASHLAND INSPECTIONAL SERVICES DEPARTMENT

101 MAIN ST, 2<sup>ND</sup> FLOOR

Permit for Solid Fuel Burning Appliances

Type of Appliance; Insert \_\_\_\_\_ Freestanding \_\_\_\_\_

Type of fuel burned: Gas \_\_\_\_\_ Pellets \_\_\_\_\_ Wood \_\_\_\_\_

Testing Lab Number \_\_\_\_\_

Serial Number \_\_\_\_\_

Location of Installation \_\_\_\_\_

A copy of the Manufactures Installation Manual must be provided.

Cost of Appliance and installation fee \_\_\_\_\_.

Permit fee Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Homeowner info:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Installers information \_\_\_\_\_