

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 _____ Elec. _____ FDID _____ 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: _____ Location: _____

___ 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 or no

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

CO₂ Test: _____ Breech Draft: _____ Nozzle Size: _____

Smoke: _____ Overfire Draft: _____ Efficiency rating %: _____

Co. Name: _____ Tel# _____

Address: _____ City: _____ Zip: _____

Completion Date: _____

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: _____ Signature: _____
Print Name *No Stamp*

Installer License Number: _____

Once signed by the fire department, this is a PERMIT for the storage and use of oil burning equipment.

Approved/Inspected by: _____ Date: _____

Keep Original as application. Issue duplicate as permit. This **form** may be photocopied.