

TOWN OF CUMMINGTON
BUILDING INSPECTION DEPARTMENT
 Community House P.O Box 128, Cummington, MA, 01026
 (413) 634-5354 Fax: (413) 634-5568
Inspector of Buildings: Jim Cerone 413-834-0787

Form
3

**Solid Fuel Burning Appliances and Metal Chimneys
Permit Application**

Per.#: _____
Fee: _____

Note: This application is not for masonry chimneys or fireplaces (use Form 2)

A solid fuel-burning appliance shall not share a common flue with a working fireplace nor with another solid fuel-burning appliance.(780CMR, Section 3610.6.10)

Town _____ *Site Address* _____

Owner's Name: _____ *Owner's Mailing Address* _____

Owner's telephone #: (H)() _____ *(W)()* _____ *(Cell)()* _____

Contractor: _____ *Contractor Address* _____

Cont. Tele# _____ *Fax* _____ *E-Mail* _____ *Town* _____

Stove Name _____ *Model #* _____ *Test Label* _____ *Estimated Cost:* _____

Check all that apply:

- Stove with label and installation instructions
- Used stove with no label or installation instructions
- New manufactured metal chimney
- Heatilator

Instructions:

1. Fill out application
2. Install appliance according to manufacturer's instructions and clearance guidelines
3. If a used appliance, install with minimum clearances provided below
4. Call this office for an inspection
5. Have \$30 check ready to give inspector, **made out to the appropriate town.**

The undersigned certifies that the above statements and all accompanying information are true to the best of their knowledge and belief. The owner of this structure and the undersigned agree to conform to all applicable laws of the town and state, and believe the work proposed to be in compliance with all zoning regulations and the Massachusetts State Building Code 780CMR. **SECTION 110.5 OF THE MASS. BLDG. CODE REQUIRES EVERY APPLICATION TO BE SIGNED BY THE OWNER OF THE PROPERTY, OR, BY AN AUTHORIZED AGENT. IF IT IS SIGNED BY AN AGENT, A CONTRACT SIGNED BY THE OWNER, OR LETTER OF AUTHORIZATION, MUST ACCOMPANY THE APPLICATION.**

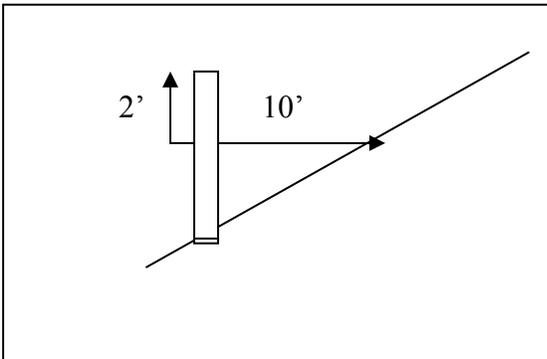
(Print Name of Owner or Authorized Agent)

(Signature of Owner or Authorized Agent)

Date _____

All solid fuel burning appliances must be installed into an approved chimney, except where manufacturer's specifications allow otherwise. The vent connector pipe(single wall) must have a minimum of **18" clearance to combustibles**. Some double-wall connector pipe may be used to reduce the clearance (Check manufacturer's specifications).

All new manufactured metal chimney systems must have 2" clearance to combustibles and must have a height of 2' higher than the roof ridge. If the chimney is located further than 10' from the ridge, it must be at least 3' higher than the penetration through the roof and 2' higher than the horizontal line of roof intersection.(See Diagram)



All solid fuel burning appliances with label and installation instructions showing proper clearances to combustibles must be installed according to manufacturer's specifications. Please have these available for review by the building inspector.

In the absence of this documentation, the stove must be installed according to the following table:

Used Solid Fuel Burning Appliances

	Top	Front	Back	Sides
Clearance to combustibles	36"	36"	36"	36"
Clearance to non-combustible wall protection with 1" air space			18"	18"
Concrete/masonry			6"	6"
Non-combustible floor protection (3/4" millboard min)		18"	12"	12"

For Office Use Only

Inspected on _____

Stove Name _____

Location _____

Approval of Building Official _____ Date _____

Fee: \$25—Made out to Town of Cummington