

**FOR BOARD OF HEALTH USE ONLY**

Date Received \_\_\_\_\_

Date Inspected \_\_\_\_\_

Approved By \_\_\_\_\_

Permit # Issued \_\_\_\_\_

**Leicester Board of Health  
Outdoor Wood Boiler Permit Application**

1) Owner Name:	
2) Address:	
3) Telephone:	
4) Installer/Contractor:	License #
5) Type of Chimney:	
6) Height of Chimney:	
7) Location of Boiler:	
8) Model name & make of chimney:	
9) Submittal requirements:	<input type="checkbox"/> Plot plan or map with all offset distances to boiler <input type="checkbox"/> Copy of the model's manufacturers recommendations/ operating manual

I, the undersigned, attest to the accuracy of the information provided in this application. I have received a copy and agree to comply with the Town of Leicester Board of Health Outdoor Wood Boiler Regulations and all other applicable laws.

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

12) Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Please note:

If distances on the plot plan submission are found to be inaccurate upon inspection by this department, the applicant will be required to submit a new plan and application including fee amount.