

OFFICE OF THE BOARD OF HEALTH

Town of Leicester

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OUTDOOR WOOD BOILER PERMIT APPLICATION

	PERMIT #:		
Owner's Name:		Telephone #:	
Installation Address:			
Owner's Address:			
Date of Installation:		New	Existing Unit:(subject to grandfather provisions)
Manufacturer:	Model:	Da	ate of Purchase:
read and understand the <u>OUT</u> the State of Massachusetts Woinstallation is site specific and	TDOOR BOILER REGUL bood Boiler Regulations. I a that due to prevailing win he risk the <u>owner</u> is solely re- herse. I further certify that the ed under the same guideling	ATIONS of the lso certify that and stove personsible to refer the installation the dictated in	placement issues may arise. If ectify the situation or have the and operation of said boiler the OUTDOOR WOOD
Signature of Owner:		Da	ate:
Signature of Installer:		Date:	
Operation, maintenance a	o this application: of the required for existing units) and installation plan signed (no agram (not required for existing		iting units)
APPROVED	NOT APPROVED	PENDING	APPROVAL:
SITE INSPECTION		e conducted	