



The Commonwealth of Massachusetts Department of Public Safety

527 CMR 4.00 - Form 1

(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: _____ Nozzle Size: _____

☐ Fuel Oil ☐ Kerosene ☐ Waste Oil

Storage Tank: ☐ New ☐ Existing Location: _____

Type: _____ Capacity: _____ gals. No. of Tanks: _____

Special requirements (or additional safety devices): _____

☐ OSV ☐ Oil Line Protected ☐ Sheet Rock ☐ Sprinkler **AFUE:** ☐ Yes ☐ No **EF:** ☐ Yes ☐ No
(Furnace and Boilers) (Water Heaters)

Co. Name: _____ Tel.#: _____

Address: _____ City: _____ St.: _____ Zip: _____

Completion Date: _____

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

CO2 Test: _____ Breech Draft: _____

Smoke: _____ Overfire Draft: _____ Efficiency Rating%: _____

I, the undersigned certify that the installation of fuel burning equipment has been made in accordance with M.G.L. Chapter 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: _____
(Print Name) Cert. of Competency # Signature (no stamp)

Address: _____ City or Town: _____

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

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

Approved by: _____ Date: _____