



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: _____