

The Commonwealth of Massachusetts
Department of Public Safety
527 CMR 4.00 – Form 1

Application for Permit, Permit and Certificate of completion for the Installation or
Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil

TOWN OF SHREWSBURY

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: _____

Special Requirements (or additional safety devices): _____

OSV Valve Oil Line Protected Sheet Rock Sprinkler AFUE: Yes No EF: Yes No

Co. Name: _____ Tel #: _____

Address: _____ City: _____ 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. c. 148 and 572 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 C# Signature (no Stamp)

Address: _____ City: _____

Once signed by the Fire Department, this is a PERMIT for the storage and use of oil burning equipment.

Approved by: _____ Date: _____

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