

TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

Application for Installation
and Inspection of
Solid Fuel Burning Appliances

Memorial Town Hall
157 Main Street
Spencer, MA 01562
Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Date _____

Type of Solid Fuel Burning Appliance

_____ Wood Stove

_____ Multi Fuel

_____ Add-On Unit

_____ Pellet Stove

_____ Solid Fuel*
(Wood Boiler/Furnace)

_____ Separate Unit

Owner Name _____ Telephone No. _____

Address _____

Installer/Contractor _____ License # _____

Type of Chimney _____ Location of Appliance _____

Model Name of Appliance _____ Serial # _____

Signature of Applicant _____

Property Owner's Signature (if different from applicant) _____

- *requires plot plan with all offsets*

FOR DEPARTMENT USE ONLY:

1st Inspection made on: _____ Approved _____ Denied _____

If Denied, Reason: _____

2nd Inspection (if needed) made on: _____ Approved _____ Denied _____

Comments: _____

Signature of Building Inspector: _____

*Signature of Board of Health Agent: _____

For Official Use Only: Permit # _____ Fee Paid: \$ _____ Check #: _____ Date Paid: _____

Date Permit Issued: _____

Date Permit Expires: _____