FP-056
(Rev. 1.26.2015)

The Commonwealth of Massachusetts
Department of Fire Safety
527 CMR 1.00
Section 1.12.8.2.1
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

Charlton _____
(City or Town) (Date)

Permit #'s: FD _____ Elec. _____ FDID#: 27054 Fee Paid:$ _____

Owner/Occupant Name: _____ Tel #: _____

Installation Address: _____ Serviced Floor or Unit #: _____

☐ Heating Unit ☐ Domestic Water Heater ☐ Power Vent ☐ Other _____

Burner: ☐ New ☐ Existing ☐ Location: _____

Mfg: _____

Type: _____ Model # or Size: _____ Nozzle Size: _____

☐ Fuel Oil ☐ Kerosene ☐ Waste Oil ☐ Removal

Storage Tank: ☐ New ☐ Existing ☐ Location: _____

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

Special Requirements (or additional safety devices) _____

_____

☐ OSV Valve ☐ Oil line protected

INSTALLER
Co. Name: _____ Tel # _____

Address: _____ City: _____ Zip: _____

Completion Date: _____

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

(IF BURNER INSTALL)
CO^2 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.148 and 527 CMR 1.00 currently in effect. Further more, 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.

Inspected by: _____ Date: _____

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