

**TOWN OF CHILMARK**

Building Inspector's Office  
P.O. Box 119  
Chilmark, MA 02535  
(508) 645-2103

**APPLICATION TO INSTALL SOLID FUEL BURNING APPLIANCE**

Date: \_\_\_\_\_

Fee: \$25.00 \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Assessors' Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Type of stove: \_\_\_\_\_

Type of fuel: \_\_\_\_\_

UL Label Number\*: \_\_\_\_\_

Chimney Material: \_\_\_\_\_

Hearth Material: \_\_\_\_\_

Installer's Name: \_\_\_\_\_

Installer's Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\*Note: UL Label Number is required. No stove shall be installed without a UL number without Special Permission by Building Inspector.

NOTE: INSTALLATION MUST BE IN STRICT ACCORDANCE WITH THE MASS. STATE BUILDING CODE AND/OR THE INSTALLATION INSTRUCTIONS ACCOMPANYING THE UL-APPROVED STOVE.

DO NOT FILL OUT BELOW THIS LINE

\_\_\_\_\_

Installation: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Permit # \_\_\_\_\_

Date \_\_\_\_\_

Building Inspector's Signature: \_\_\_\_\_