



TOWN OF RUSSELL



COMMONWEALTH OF MASSACHUSETTS

OFFICE OF THE BUILDING INSPECTOR

APPLICATION FOR SOLID FUEL-FIRED STOVE

Property Information

Owners Name: _____

Address: _____

(No.)

(Street Address)

Phone: _____ Cell: _____ Email: _____

Owners Signature: _____ Date: _____

Contractor's Information(If Applicable)

Name: _____ Phone: _____

Construction Supervisor's License #: _____ Expiration: _____

Home Impr. Contractor License #: _____ Expiration: _____

Stove Information

Type of Fuel (check all that apply): Wood _____ Pellet _____ Coal _____

Location: _____ Freestanding _____ Insert _____

Manufacturer: _____ Model: _____

*All Solid Fuel-Fired Stoves shall be installed in accordance with
2009 International Residential Code Section M1410, Vented Room Heaters*

-----FOR BUILDING DEPTMARTMENT USE ONLY-----

Permit # _____ Date Applied: _____ Total all Fees: \$ _____

Building Official: _____ Date Issued: _____

(Print)

Signature of Building Official: _____

