



# Town of Sturbridge

## Solid Fuel Appliance Inspection Form

DATE: \_\_\_\_\_

FEE: \_\_\_\_\_

CK. #: \_\_\_\_\_

PERMIT # \_\_\_\_\_

Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Manufacturer, Model: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

Installer: \_\_\_\_\_

Proposed location of Solid Fuel appliance: \_\_\_\_\_

New Installation ☐

Replacement ☐

Required Signatures

Date

Finance Director/Tax Collector: I certify that the taxes are current for the above property	
Applicant: I understand that I must comply with all respects of the State Building Code 780 CMR 7th Edition):	

Town Hall, 308 Main Street  
Sturbridge, MA 01566

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Fax 508.347.8243

"The Town of Sturbridge is an Equal Opportunity Organization"