



The Commonwealth of Massachusetts

Department of Fire Services

527 CMR 1.00

Section 1.12.8.2.1

Form 1

FP-056 (Rev. 4.2019)

Application for Permit, Permit, and Certificate of Completion for the Installation or Alteration of Fuel Oil Burning Equipment and the Storage of Fuel Oil

(City or Town) (Date)

Permit #'s: FD \_\_\_\_\_ Elec. \_\_\_\_\_ FDID#: \_\_\_\_\_ 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

Storage Tank: New Existing Removal Location: \_\_\_\_\_

Type: \_\_\_\_\_ Capacity: \_\_\_\_\_ gallons No. of Tanks: \_\_\_\_\_

Special requirements (or additional safety devices) \_\_\_\_\_

OSV valve Oil Line Protected

Co. Name: \_\_\_\_\_ Tel # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Combustion Test: Gross Stack Temp.: \_\_\_\_\_ Net Stack Temp.: \_\_\_\_\_

CO2 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. Chapter 148 and 527 CMR 1.00 currently in effect. Furthermore, 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 or 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 of fuel oil and use of the oil burning equipment.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_