



The Commonwealth of Massachusetts

Town Of Granville
707 Main Road/Town Hall
PO Box 247
Granville, MA 01034-0247

Department of Public Safety
Division of Fire Prevention and Regulation

CERTIFICATE OF APPLICATION AND/OR COMPLETION FOR THE
INSTALLATION OR ALTERATION OF FUEL OIL BURNING EQUIPMENT.

(CITY OR TOWN) (DATE)

Permit # _____ FDID # _____ Fee Paid _____
Name _____ Tel _____
(Owner or occupant)

Address _____ Floor or Unit# _____

Heating Unit [] Hot Water Heater [] Power Vent [] App # _____

Burner: New [] Existing [] MA App # _____

Trade Name: _____ Mfg: _____

Type: _____ Model # or Size: _____ Location: _____

To use not heavier than # _____ fuel oil.

Storage Tank: New [] Existing [] Location: _____

Type: _____ Capacity: _____ gals No. of tanks _____

Special requirements (or additional safety devices): _____

Combustion Test: Nozzle Size _____ Gross Stack T° _____
Net Stack T° _____ 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 CHR 4.00 now 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 for whom the installation (or alteration) was made.

Co. Name: _____ Add: _____

Installer: _____ print name signature

Add: _____ City or Town: _____ Cert # _____

Inspected By: _____ Title and Name Date: _____