



City known as the Town of GREENFIELD, MASSACHUSETTS



GREENFIELD HEALTH DEPARTMENT

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Public Health
Prevent. Promote. Protect.

William F. Martin
Mayor

Nicole Zabko
Director

OUTDOOR WOOD BURNING BOILER PERMIT APPLICATION

Fee: \$95.00

Location of Property:

Street Address:
From Assessor's Office: Map # Lot #: Lot size:

Owner of Property:

Name: Daytime Phone:
Mailing Address:
Installer/Contractor: License #:
Type of Chimney: Height of Chimney:
Location of Boiler:
Model name & make of boiler: Make of chimney:

Submittal Requirements:

- Permit application must be accompanied by a site plan prepared by a Professional Land Surveyor or Professional Engineer indicating the proposed boiler location and distance in relation to all structures
The plan must indicate distances to all roads adjacent to the site and distances from the boiler to woods, brush, and flammable structures within 100 feet
No boiler shall be installed within 50 feet of the house and/or structure it is serving or within 300 feet of any other occupied structure
A clear radius of 20 feet must be maintained between any outdoor wood boiler and any trees or vegetation of height greater than the height of the top of the fuel feed door
Boilers must have a smokestack height of at least 2 feet higher than the height of the roof peak within a radius of 300 feet
Only dry, seasoned, untreated clean wood fuel may be burned in the oil wood burner
The manufacturer's recommendations for the installation and use of the unit must be followed
Boilers installed before the effective date of these regulations must submit a Grandfather Application
The boiler installed must be in accordance with Chapter 111 of Massachusetts General Laws

A building permit must be obtained from the Building Inspector prior to installation

I have received and examined a copy of the Board of Health regulations regarding Outdoor Wood Burning Boilers and agree to abide by them. In addition, I have received, reviewed, and understand the manufacturer's installation and operation instructions for the unit I intend to install.

Signature

Date

BOARD OF HEALTH USE ONLY:

Year: _____ Permit #: _____ Date Issued: _____

Check number: _____ Amount Received: _____

Comments:

Approved

Denied

Nicole Zabko, Director of Public Health

Date



*The Town of Greenfield is an Affirmative Action/Equal Opportunity Employer,
a designated Green Community and a recipient of the "Leading by Example" Award*