



Town of Barre

Board of Health
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Barre, Massachusetts 01005
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APPLICATION FOR INSTALLATION AND INSPECTION OF

OUTDOOR WOOD BURNING FURNACE

FEE: \$150.00 ____

DATE: _____

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CONTRACTORS: _____

SECONDARY HEAT SOURCE: _____

BRAND AND MODEL OF OWB: _____

SIGNATURE OF APPLICANT

FOR BOARD OF HEALTH USE ONLY:

PERMIT # _____

___ PLOT PLAN DEPICTING LOCATIONS

___ BRAND/ MODEL OF OWB

___ SECONDARY HEAT SOURCE

___ ELECTRICAL PERMIT

INSPECTION MADE: _____

COMMENTS: _____

BUILDING DEPARTMENT APPROVAL: _____

DATE: _____

BOARD OF HEALTH OFFICIAL