



# TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER  
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GRAFTON, MA 01519

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**HEALTH AGENT**  
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(508) 839-5335 X 128

**PUBLIC HEALTH NURSE**  
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## BOARD OF HEALTH

Deborah A. Chouinard RNC, MSN  
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Karen Gwozdowski Gauvin  
Richard J. Kirejczyk  
Ernest W. Peters

## OUTDOOR WOOD BOILER PERMIT APPLICATION

Owner's Name: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

Installation Address: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

- New Installation
- Existing Unit (subject to grandfather privations)

Manufacturer: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_ Model: \_\_\_\_\_

By signing below as the owner/ installer of proposed wood boiler I hereby certify that I have obtained, read and understand the **OUTDOOR WOOD BOILER REGULATIONS of the TOWN OF GRAFTON** and State of Massachusetts Wood Boiler Regulations. I also certify that I am fully aware that each installation is site specific and that due to prevailing winds and stove placement issues may arise. If the emissions pose a public health risk the **owner** is solely responsible to rectify the situation or have the permit revoked without recourse. I further certify that the installation and operation of said boiler will be completed and operated under the guidelines dictated in the **OUTDOOR WOOD BOILER REGULATIONS of the TOWN OF GRAFTON** and State of Massachusetts Wood Boiler Regulations.

Signature of Owner: \_\_\_\_\_ Signature of Installer: \_\_\_\_\_

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

Please attach the following to this application:

- Tape survey enclosed (not required for existing units)
- Operation, maintenance and installation plan to be signed and attached (not required for existing units)
- Chimney- smoke stack diagram (not required for existing units)
- Permit fee (not required for existing units)

\_\_\_\_ Site Inspection: Not Conducted \_\_\_\_\_ Conducted On \_\_\_\_\_

\_\_\_\_ Permit Approved by Board of Health on: \_\_\_\_\_

\_\_\_\_ Permit Approved Pending: \_\_\_\_\_

\_\_\_\_ Permit NOT Approved: \_\_\_\_\_