



Town of West Boylston

TELEPHONE _____

MASSACHUSETTS

CERTIFICATE OF COMPLIANCE SOLID FUEL BURNING APPLIANCE

ADDRESS _____

OWNER _____

LOCATION OF APPLIANCE _____

MFG' S NAME _____

BTU RATING _____

MODEL & SERIAL NUMBER _____

TESTING AGENCY _____

TYPE OF APPLIANCE _____

DATE _____

PERMIT NO. _____

FEE _____

DATE ISSUED _____

THE ABOVE DESCRIBED APPLIANCE & INSTALLATION WERE INSPECTED ON
_____ AND FOUND TO COMPLY WITH THE
APPLICABLE PROVISIONS OF THE STATE BUILDING CODE.

BUILDING INSPECTOR