

Town of Westminster

Board of Health - (978) 874-7409

BOH Permit # _____ 11 South Street, Westminster, Massachusetts 01473

Outdoor Hydronic Heater (OHH)

Permit Application: Fee \$125.00 payable to The Town of Westminster

Outdoor Hydronic Heater: Residential _____ Commercial _____

Name: _____ Telephone: _____

Address: _____

Please attach all required information. Your application will not be complete without all documentation and payment of the application fee.

Dimensions of the Outdoor Hydronic Heater: _____ Proposed stack height _____

Name of Unit Manufacturer: _____ Model: _____

Date of Manufacture: _____ Date of purchase: _____

Distance of OHH to Property Line: (min 50 ft: residential; min 275 ft: commercial) _____

Distance of OHH to Nearest Neighboring Occupied House (min 150 ft: res, min 300 ft com) _____

ATTACH PLAN OF SITE: Informal if setbacks 2 times greater _____ stamped _____

ATTACH A COPY OF THE OHH EMISSION TAG to verify Phase II compliance _____

I have received a copy of the Board of Health Regulations regarding Outdoor Hydronic Heaters. _____

(Signature)

(Date)

I have reviewed and understand the manufacturer's installation and operating instructions.

(Signature)

(Date)

Town Department Signoffs are required prior to BOH approval for operation

Building: _____ **Date:** _____

Wiring: _____ **Date:** _____

Board of Health Approval for Operation _____

(Signature)

(Date)

Building Permit Application # _____ **Wiring Permit Application #** _____

Board of Health Permit for Installation: _____

(Signature)

(Date)