



# TOWN OF COHASSET

COMMONWEALTH OF MASSACHUSETTS  
BUILDING DEPARTMENT  
41 Highland Avenue  
Cohasset, MA 02025  
TELEPHONE (781) 383-4112  
FAX (781) 383-1561

Date _____
Permit No. _____
Fee \$ _____

Building Commissioner  
Zoning Officer  
**Robert Egan**

## APPLICATION TO CONSTRUCT CHIMNEY OR INSTALL WOOD/COAL STOVE

**PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

***CLEARANCES TO COMBUSTIBLES MUST COMPLY WITH MANUFACTURER'S  
INSTALLATION INSTRUCTIONS OR STATE BUILDING CODE REQUIREMENTS***

The undersigned hereby applies for a permit to construct:  Chimney     Wood Stove  
 Coal Stove     Other

ZONING DISTRICT: \_\_\_\_\_ MAP: \_\_\_\_\_ PLOT: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of contractor: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Contractor License No. \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Improv. Reg. No. \_\_\_\_\_

Stove:  New     Used

Stove Manufacturer: \_\_\_\_\_

Stove Name/Model No.: \_\_\_\_\_

Plans Submitted:  Yes     No

Estimated Value of work \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner or Representative

Approved By: \_\_\_\_\_

Date copy sent to Assessor: \_\_\_\_\_