



Town of Athol
BOARD OF HEALTH
584 Main Street
Athol, Massachusetts 01331

Telephone
978-249-7934
Fax
978-249-0134
Email
boh@townofathol.org

PERMIT APPLICATION: OUTDOOR HYDRONIC HEATER (OHH)

Fee: \$50.00 payable to: The Town of Athol

OHH: _____ Residential _____ Commercial

BOH PERMIT #: _____

Name: _____ Telephone #: _____

Address: _____

Dimensions of the Outdoor Hydronic Heater: _____

Proposed Height of Smokestack: _____

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 75 ft: res, min 300 ft: com.) _____

INCLUDE 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 read the manufacturer's installation and operating instructions.

Signature

Date

Building Permit Application #: _____ Wiring Permit Application #: _____

Board of Health Construction Permit Approval: _____

Town Department Sign-offs are required prior to BOH approval for operation

☐ Building: _____

Date

☐ Wiring: _____

Date

☐ Plumbing: _____

Date

☐ Fire: _____

Date

Board of Health Approval for Operation: _____ Date: _____