

TOWN OF LEXINGTON
Community Development
Building Division



The Commonwealth of Massachusetts
 State Board of Regulations and Standards Massachusetts
 State Building Code For One- and Two-Family Dwellings
 8th Edition

APPLICATION FOR: SIGNS, SOLID FUEL APPLIANCES, MISCELLANEOUS

SITE INFORMATION:

Permit # _____ Date issued: _____

Work Approved by: _____

Property Address: _____

Historic District Yes/ No

Assessors Map/Parcel # _____

Solid Fuel Appliance M1401: (Note: The appliance must be installed according to manufacturing instructions.) Use of unlined masonry chimneys is not permitted. All new solid fuel appliances shall be EPA certified to meet a particulate emissions limit of 7.5 grams per hour for non-catalytic wood stoves and 4.1 grams per hour for catalytic wood stoves per Lexington Board of Health.

Type of appliance: _____ Manufacturer: _____
 Existing masonry chimney? Yes/No Lined/Unlined If unlined how would the appliance be exhausted?
 Explain: _____

Signs: (Note: May require Zoning Board of Appeals (ZBA), Historic District Commission (HDC) and/or Conservation Commission (CC) Approval)

Size: _____ Illuminated: Yes/No

Location: Wall Roof Freestanding (plot plan required) Window Temporary

Does this request require ZBA, CC and HDC approval: Yes/No Attach all appropriate approvals

Miscellaneous:

Tents: Size: _____ Duration: _____ (Note: Flame-resistant certificate required)

Other: _____

Estimated cost of work and material excluding electrical cost: _____

PROPERTY OWNERSHIP/AUTHORIZED AGENT:

Owner of Record:
 Name (printed) _____
 Signature _____ Phone # _____

Mailing Address: _____

Authorized Agent:
 Name (printed): _____
 Signature: _____ Phone # _____

Mailing Address: _____

CONSTRUCTION SERVICES:

Licensed Contractor:
 Name (Printed): _____
 Address: _____
 Signature: _____ Phone # _____

Not Applicable: _____
 License Number _____
 Expiration Date _____

Registered Home Improvement Contractor:
 Company Name: _____
 Address: _____
 Signature: _____ Phone # _____

Not Applicable: _____
 Registration Number _____
 Expiration Date _____

Received by/date:	Fee:	Receipt #:	Issued By: