



## Outdoor Wood-Fired Boiler/Furnaces

**This form is to be submitted when requesting a variance to the provisions detailed in the Board of Health regulations governing placement, installation and operation of outdoor wood-fired boilers and/or furnaces. It must be submitted along with an Application for outdoor wood-fired boiler/furnace, attached plans, and the appropriate fee.**

1. _____		_____
Owner Name		Street Address
_____		_____
City/Town		State & zip code
_____		_____
Home Telephone		Work or Cell Number
2. Operator Name and Address (if different from above)		
_____		_____
Name		Street Address
_____		_____
City/Town		State & zip code
_____		_____
Home Telephone		Work or Cell Number
3. Use of Outdoor Wood-Fired Boiler/Furnace (OWB) (check all that apply)		
<input type="checkbox"/> Residential	<input type="checkbox"/> Other building_____	<input type="checkbox"/> Pool <input type="checkbox"/> Spa
4. OWB/F		
_____	_____	_____
Make/Model	Size	Serial #
5. Status of OWB/F		
<input type="checkbox"/> New	<input type="checkbox"/> Continued use/or relocation	<input type="checkbox"/> Replace or upgrade (describe below)
_____		



Commonwealth of Massachusetts  
Town of Brimfield Board of Health

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6. Zoning District and Lot Frontage

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7. Local Upgrade Approval is requested for: (Describe reason below)

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### B. Abutters

**The petitioner must notify all abutters within 400 feet of the affected property by certified mail at least 10 days before the public hearing. Said notice shall state the purpose of the hearing and contain the date, time, and location of the hearing.**

List all abutters below who have been notified:

_____ Abutter Name	_____ Address
_____ Abutter Name	_____ Address
_____ Abutter Name	_____ Address
_____ Abutter Name	_____ Address

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The Application for Variance Approval must be accompanied by all the following (check the appropriate boxes)

- ☐ Application for Permit
  - ☐ Complete plans and specifications
  - ☐ A list of abutters affected by reduced setbacks to property lines or chimney height. Attach proof of notification. (Certified mail)
  - ☐ Other (list \_\_\_\_\_)
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#### **C. CERTIFICATION**

“I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information.

\_\_\_\_\_  
Facility Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
State/Zip Code

\_\_\_\_\_  
Telephone