

Town of North Andover
Office of the Building Department
Community Development and Services Division

1600 Osgood Street Building 20, 2-36
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Gerald A. Brown
Inspector of Buildings

CHIMNEY APPLICATION AND PERMIT

DATE: _____ PERMIT # _____

LOCATION: _____

OWNER'S NAME: _____

BUILDER'S NAME: _____

MASON'S ADDRESS: _____

MASON'S TELEPHONE: _____

MATERIAL OF CHIMNEY: _____ EXTERIOR CHIMNEY _____

NUMBER AND SIZE OF FLUES: _____

THICKNESS OF HEARTH: _____

Will chimney or fireplace conform to requirements of the code and have rules and regulations been received: _____

Date: _____

SIGNATURE OF MASON _____ CONTR. LIC. # _____

EST. CONSTRUCTION COST/CONTRACT PRICE: _____

PERMIT GRANTED: _____ FEE: _____

BUILDING INSPECTOR: _____

INSPECTED: _____

REMARKS: _____

SOLID BRICK REQUIRED
THIS PERMIT MUST BE DISPLAYED ON THE PREMISES

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