

## SUPPLEMENTAL HEATING APPLICATION

### REQUIREMENTS

1. Submit with two photos - one of the stove and one of the vent system on the outside of the building.
2. Questionnaire and photos must be submitted with application.
3. Questionnaire must be inspected and signed by licensed contractor or member of local fire department when wood burning stove is **NOT** factory installed or commercially installed by appliance distributor or licensed expert.

### APPLICANT INFORMATION

DATE OF APPLICATION \_\_\_\_\_ INSURED'S NAME \_\_\_\_\_

INSURED'S MAILING ADDRESS \_\_\_\_\_

### STOVE INFORMATION

DATE INSTALLED	INSTALLED BY	IS UNIT U.L. APPROVED Yes <input type="checkbox"/> No <input type="checkbox"/>
MAKE/NAME		USE
TYPE <input type="checkbox"/> Radiant <input type="checkbox"/> Circulating <input type="checkbox"/> Franklin <input type="checkbox"/> Other type (Describe) _____		<input type="checkbox"/> Primary Heat <input type="checkbox"/> Auxiliary Heat <input type="checkbox"/> Cooking <input type="checkbox"/> Other (Specify) _____
Is stove vent system equipped with heat or flue radiator?		Are any other heating units vented to chimney? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, describe briefly _____
HOW OFTEN ARE CHIMNEY AND STOVE PIPES CHECKED FOR CREOSOTE BUILDUP?	DATE LAST CLEANED	BY WHOM

### INSTALLATION INFORMATION

LOCATION OF STOVE IN HOME			
FLOOR PROTECTION <input type="checkbox"/> Asbestos Millboard Covered With Metal <input type="checkbox"/> Metal <input type="checkbox"/> Stone/Brick <input type="checkbox"/> Other (describe): _____			
WALL PROTECTION <input type="checkbox"/> Asbestos Millboard Covered With Metal <input type="checkbox"/> Metal <input type="checkbox"/> Asbestos Millboard <input type="checkbox"/> Other (describe): _____			IF NONE, IS THIS ACCEPTABLE WITH THE MANUFACTURER? <input type="checkbox"/> YES <input type="checkbox"/> NO
CHIMNEY TYPE <input type="checkbox"/> Factory Chimney <input type="checkbox"/> Masonry <input type="checkbox"/> Other (describe): _____	IS PIPE OR CHIMNEY FREE OF CREOSOTE DEPOSIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF FACTORY CHIMNEY IS IT U.L./ALL FUELS LISTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
DOES VENT PASS THROUGH A COMBUSTIBLE PARTITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS PROTECTION THIMBLE OR SLEEVE USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOES PIPE VENT PASS DIRECTLY THROUGH THE ROOF? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF FIRE PROTECTION USED AT CEILING:

### CLEARANCES

<ol style="list-style-type: none"> <li>1. _____ INCHES SIDE OF UNIT TO NEAREST WALL</li> <li>2. _____ INCHES REAR OF UNIT TO WALL</li> <li>3. _____ INCHES TOP OF STOVE PIPE TO CEILING</li> <li>4. _____ INCHES BOTTOM OF UNIT TO FLOOR</li> <li>5. _____ INCHES FRONT OF UNIT TO FRONT EDGE OF FLOOR PROTECTION</li> <li>6. _____ INCHES SIZE OF PIPE USED</li> <li>7. _____ INCHES SIZE OF THIMBLE OR ROOF JOIST SHIELD</li> <li>8. DO THESE DISTANCES COMPLY WITH THE MANUFACTURER'S STANDARDS? <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> </ol>	
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### MISCELLANEOUS

<ol style="list-style-type: none"> <li>1. TYPE AND NUMBER OF FIRE EXTINGUISHERS? _____</li> <li>2. WHERE LOCATED? _____</li> <li>3. TYPE AND NUMBER OF SMOKE ALARMS? _____</li> </ol>	REMARKS
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### INSPECTOR

SIGNATURE	TITLE
DATE	