### Heating Unit Questions:

1. **Type of Unit**
   - [ ] Fireplace Insert or Hearth Stove, installed in
     - [ ] Masonry, or [ ] Zero Clearance Fireplace
   - [ ] Furnace
   - [ ] Freestanding or Cone-shaped Fireplace
   - [ ] Radiant Stove
   - [ ] Other (explain) ________________________________

2. **Name of Manufacturer** _______________________________________________________

3. **Location of unit**:
   - [ ] House
   - [ ] Attached Garage
   - [ ] Detached Outbuilding

4. **In what room is the unit located** _________________________________________________

5. **Who installed unit?**
   - [ ] Contractor
   - [ ] Professional Installer
   - [ ] Owner
   - [ ] Other (explain) ________________________________

6. **Year of installation** ____________________________

7. **Age of unit** ____________________________

8. **Is unit listed or approved by UL or other recognized testing laboratory?**
   - [ ] Yes
   - [ ] No

9. **Does unit comply with local building and/or fire codes?**
   - [ ] Yes
   - [ ] No

### Chimney Questions:

10. **Type of chimney**
    - [ ] Brick
    - [ ] Stone
    - [ ] Masonry
    - [ ] Metal (explain type and number of liners) ________________________________
    - [ ] Other (explain) ________________________________

11. **Chimney Clearances**:
    - Chimney extends ________ feet above the point where it exits the roof.
    - Chimney extends ________ feet above any structure within 10 feet.

12. **How many units or appliances are connected to this chimney?**
    - If more than one, please explain ________________________________

13. **How often is the chimney cleaned?** __________________________
    - By whom? __________________________

14. **If metal chimney, is it visibly blued or stained?**
    - [ ] Yes
    - [ ] No

15. **If masonry chimney, is there a tile flue lining from stove pipe entry to the top of the chimney?**
    - [ ] Yes
    - [ ] No

### General Questions:

16. **Was the installation inspected by the fire department or local building inspector?**
    - [ ] Yes
    - [ ] No

17. **Is there a fire extinguisher in the same room with the unit?**
    - [ ] Yes
    - [ ] No
    - Smoke or Heat Detector?  
      - [ ] Yes
      - [ ] No

18. **What type of fuel is used in the unit?**
    - [ ] Wood
    - [ ] Gas
    - [ ] Pellets
    - [ ] Other (explain) ________________________________

19. **Where is the fuel stored in relation to the unit?** __________________________________

20. **Does the unit have a waste heat circulator, heat reclaimer, or heat extractor attached?**
    - [ ] Yes
    - [ ] No

21. **Does unit have a blower?**
    - [ ] Yes
    - [ ] No
    - Thermostat?  
      - [ ] Yes
      - [ ] No

22. **Heating use?**
    - [ ] Primary
    - [ ] Supplemental
    - [ ] Occasional

23. **How often are the ashes disposed of?** ________________________________

24. **Any physical evidence of overheating or poor maintenance?**
    - [ ] Yes
    - [ ] No (If Yes, please explain) ________________________________

25. **Protective Material:**
    a. Describe protective materials on walls, floor and ceiling surrounding unit and how far they extend beyond the unit:
       (i.e. sheet rock, cement wall, brick, etc.) ________________________________

    b. Is there a heat shield attached to the unit?  
       - [ ] Yes
       - [ ] No
       - If yes, where is it attached? ________________________________

26. **Is there room where unit is located ventilated?**
    - [ ] Yes
    - [ ] No

27. **For Fireplace Inserts: Clearances:**
    - Front of unit to edge of floor protection ____________ inches.
    - Top of unit to mantel is ____________ inches.

(over)
28. For all other units, please answer the following questions using the diagram on the right.

Unit Clearance:

1. Side of unit to nearest wall _____ feet _____ inches.
2. Rear of unit to wall _____ feet _____ inches.
3. Top of stovepipe to ceiling _____ feet _____ inches.
4. Bottom of unit to floor _____ inches.
5. Front of unit to front edge of floor protection _____ inches.

*Combustibles include furniture.

29. Wall/Ceiling Pass Through:

a. Does stovepipe pass through a combustible wall or ceiling? Yes No If yes, complete 30b - 30f below.

b. Type of wall/ceiling pass through:
   - Fire Clay Thimble
   - Stovepipe
   - Insulated Metal Pipe
   - Listed Wall/Ceiling Pass Through
   - Other _____

c. Inches from wall pass through to combustible: _________________________________

d. Type of stovepipe at pass through point? Fire Clay Sleeve Single Wall Double Wall Other

e. Thimble Pass Through

f. Sheet Metal Pass Through

IS THIMBLE VENTILATED: Yes No

30. Remarks:

Agent’s Signature ________________________________________________ Date ___________________________
Applicant’s Signature ________________________________________________ Date ___________________________