
Homeowners Wood Stove

1. Make/Name of Unit _____ Year Built _____

2. By whom _____ Date Installed _____

3. Installation Inspected by:

Municipal Building Inspection

Fire Department

Other

Not Inspected

4. Location of unit, including room and floor lever: _____

5. Is the stove placed on non-combustible pad? Yes No

Explain: (include type of material) _____

6. Surrounding walls:

Combustible

Non-Combustible

Distance: _____ inches

7. Type of fuel used: _____

8. Use of Stove:

Primary heat source (furnace rarely used)

Secondary- occasional use

Trash disposal

Cooking

Other _____

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9. Chimney Construction:

Brick

Metal

Stone

Cinder Block

Other _____

10. Is the chimney lined? Yes No

11. How often is the flue cleaned? _____

12. By whom? _____