

INSTALLATION OF SOLID FUEL WOOD
BURNING DEVICE CHECKLIST

Name: _____

Address: _____

Permit No: _____

Installer Name: _____

Stove Brand: _____

Chimney Type: _____ Masonry _____ Metal _____ Other

To be completed by installer

I certify that the unit installed is installed as per manufactures specifications and meets or exceeds all required local, state and federal code requirements.

Signature of Installer

Print Name

Date