



Supplemental Heating Questionnaire

1. Make/Name of Unit? _____ Year Built? _____
2. Date Installed? _____ By whom? _____
3. Installation Inspected by:
 Municipal Bldg. Insp. Fire Dept. Other _____ Not Inspected
4. Location of unit, including room and floor level? _____

5. Is stove placed on non-combustible pad (include type of material)? _____

6. Surrounding walls: Combustible Non-Combustible Distance: _____ inches
7. Type of fuel used? _____
8. Use of stove: Primary heat source (i.e. furnace rarely used)
 Secondary – occasional use Cooking
 Trash disposal Other _____
9. Chimney Construction: Brick Stone Cinder Block
 Metal Other _____
10. Is chimney lined? Yes No
11. How often is the flue cleaned? _____
12. By whom? _____

Applicant Signature

Date