

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