

**Solid Fuel Appliance Permit Application
CITY OF GRANDVIEW CODE ENFORCEMENT
Grandview, WA 98930
(509) 882-9225**

OWNER: _____ **APPLICANT:** _____

MAILING ADDRESS: _____ **PROJECT ADDRESS:** _____

PHONE: _____ **MESSAGE PHONE:** _____ **TAX PARCEL NUMBER:** _____

CONTRACTOR: _____ **CONTRACTOR PHONE:** _____

CONTRACTOR MAIL ADDRESS: _____ **CONTACT:** _____

CONTRACTOR LICENSE NO: _____ **EXPIRATION DATE:** _____

Name of Manufacturer:			
Model Number:		Fuel Type:	
Circle:	Free Standing	Insert	Primary Heat Aux Heat
Listed:	UL	ICBO	

Type of Protection:

Floor			
Wall		Distance from Protection	

Type of Chimney:

Factory Built		Masonry	
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Unit Clearances:

Side of Unit nearest to wall		Rear to wall	
Top of Stove to ceiling		Bottom to floor	
Hearth in front of stove door		sides	

Signature of Applicant

Date