Application Number:_	
Related Records:	



Olmsted County Planning Department Inspections Division

2122 Campus Dr SE, Suite 100 Rochester, MN 55904 P: 507-328-7100 F: 507-328-7958 planningweb@olmstedcounty.gov

FACTORY-BUILT FIRPLACE/STOVE PERMIT APPLICATION

		Mandato	ory Submittal In	formation			
Site Address:							
Township/Section		Subdivision		Bloc	k	Lot	Parcel
Permit Type:	Reside	ntial	Commercial				
Applicant (select one)	: Proper	ty Owner	Contractor/Pro	ofessional		Other (desc	ribe):
			Scope of Work	(
Describe project in de	tail·						
Describe project in de	tuii.						
			Property Owne	r			
Full Name:			Phone:	E	mail:		
Address:							
		General	Contractor/Pro	fessional			
Company Name:			Phone	:		Email:	
Contact Name:		State License Number: Exp. Date:			Exp. Date:		
Address:							
Work Category							
New Alt	erations	Move/Reloc	cate Addi	tion	Tenar	nt Finish	Repair/Replace
If new, alteration, move/relocate, or addition, owners/installation manual must be on site for inspection.							
			Unit Descriptio	n			
Manufacturer:				Size:			
Model:	Serial No:						
The factory-built fireplace/stove shall be listed and shall be installed in accordance with the terms of their listings and the manufacturer's instructions as specified in the Uniform Mechanical Code. Additional permits are required for building structural, plumbing, heating and electrical.							

Valuation of Materials & Labor

Fireplace Only (materials + labor):

Gas Piping (materials + labor):

Application Number:_	
Related Records:	

Equipment Provided

Make	Model No.	Combustion Air Size	Fuel	Flue Diameter	Input (BTU)

Disclaimer and Signature

I hereby apply for a factory-built fireplace and/or stove-permit and I acknowledge that the information above is complete and accurate. The work will be in conformance with applicable laws of the State of Minnesota. I understand this is not a permit but only an application for a permit and work is not to start without a permit. I acknowledge that the work will be in accordance with all permit conditions and approved plans (in the case of work which requires a review and approval of plans).

Applicant Signature:	Date: