

Raymond Fire Department Solid Fuel Burning Device Permit

	Permit#:		_	
PESCUE	Inspection Date:		_	
MAINE	Issue Date: \$25 Fee Paid □		_	
	\$23 Fee Faid		Ο	
A 1*			Owner \square	
Applicant:			_Renter \square	
Location of Stove:				
Mailing Address:		Alt Dhono:		
Phone Number: <i>If Renter:</i>		Ait. Filolic		
Owner:				
Auuress				
Phone Number:				
Device Information:				
			□ Wood	1
Make:		Davias Trms		1
Model#:		Device Type:		
Chimney Type:			□ Pelle	Į.
, ,,	No. □ Vos			
Masonry: □ 1				
Metal:	No □ Yes, UL Listing	5		
Comments/Conditions:				
Fire Department Represent	ative Signature	Date:		
rne Department Represent	ative Signature	Date		
		<u>_</u>		
Applicant		Date: _		

Please submit any applicable product paperwork/brochures with application.