CITY/COUNTY OF GUNNISON
SOLID FUEL BURNING APPLICANT PERMIT

Owner Name:_____ Address:_____
Locality:_____ Inspection Address:_____
Addition:_____ City:_____ Phone:_____

Contractor Name:_____ Type of Appliance:_____
Address:_____ Existing:_____
City:_____ Alteration:_____
Phone:_____ Type of Occupancy:_____
Manufacturer/Model: _____
Listing Agency & Number:_____

PLANS:
The appliance must, including all attachments, meet all manufacturer specifications or if unlisted, must show compliance with the City/County adopted Uniform Mechanical Code.
APPROVED:_____ **DENIED**_____ **REMARKS:**_____
_____
_____.

FEE:_____ ***$42.00***

_____
Dennis Spritzer-Fire Marshal

Date Paid:_____

_____
Date

INSPECTIONS:
Rough In:_____ Final:_____
Re-Inspection:_____ Date:_____

I hereby acknowledge that I have read this application and state the above is correct and hereby agree to construct, alter or repair the proposed appliance and attachments in strict accordance with the codes and ordinances of the City/County of Gunnison. The plans and specifications have been respectfully submitted.

_____
Applicant

_____
Date

NOTE:
The applicant specifically acknowledges and agrees that this application, or inspection conducted pursuant to it, or permit issued pursuant to it, does not cover potential hazards unknown or undiscoverable by the inspector, and further that this application, or inspection conducted pursuant to it, or permit issued pursuant to it, does not cover improper use or misuse of the installation. Further, any additions or modifications to the installation, as inspected, are not covered under this application, inspection conducted pursuant to it, or permit issued pursuant to it.
**If in City limits, make check payable to City of Gunnison.
**If in County, make check payable to Gunnison County.