

Property Owner Name _____

Section 3 – Ordinance Installation / Renovation Requirements	
1. Is the OFBA installed within 200' of nearest dwelling?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
2. Does the stack extend higher than 3' above the roof peak of any dwelling within 500' of the OFBA? (Max height of stack 55')	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
3. Is the OFBA installed within 25' of any structures?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
a. Was permission granted before it was installed?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
b. Was this permission granted by the proper authority?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
4. Is the OFBA equipped with a scrubber or filter?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
5. Is the OFBA equipped with a fan or blower to assist with combustion?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
6. Has the stack or chimney been properly reinforced or guyed for high winds?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
7. Is all the guying or reinforcement for the stack or chimney located on the property the OFBA serves?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
8. Does the stack have an upper rain cover securely in place?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
9. Was an existing chimney used?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
10. Was the chimney inspected by the Local Fire Chief or CEO prior to being used?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
11. Was the chimney inspected for the following? S=Satisfactory U=Unsatisfactory	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
a. Condition of the mortar joints?	S U
b. Condition of the bricks, masonry blocks?	S U
c. Condition of chimney liner?	S U
d. Is the chimney plumb and straight?	S U
e. Condition of chimney footer?	S U
f. Reinforced for high winds?	S U
g. Clear of obstructions?	S U
h. Equipped with an easy access clean-out?	S U
i. Equipped with a rain cover?	S U
12. Is the chimney suitable for the fuel that is to be used by the appliance?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
13. Are all the emergency safety systems in place and operable?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
14. Is the necessary safety equipment in place and have precautions been taken to keep the general public safe from burns or fire that could be caused by the appliance?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
15. Were any variances applied for and granted? (If yes, explain in remarks)	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
16. Has adequate storage been provided for materials to be burned?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
17. Has adequate storage been provided for ashes or other OFBA waste?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
18. Remarks	

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Section 4 – Inspector Information And Recommendation

Inspector Name _____ Date _____

Recommendation Permit Status

Permit Application Approved Rejected

Violation Revoked