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|  | **Chimneys, fireplaces, gas burning fireplaces, wood stoves or similar wood-burning devices not used at any time** | | |
| **WAC 110-300-0170(3)(f)**  Chimneys, fireplaces, gas burning fireplaces, wood stoves or similar wood-burning devices must be inspected annually by a state or locally certified inspector, unless the provider submits a written statement that the chimney, fireplace, wood stove or similar wood-burning device will not be used at any time. | | | |
| Provider Name: | | | Provider ID: |
| Mailing Address:       City:       State:       Zip Code: | | | |
| Phone: | Email: | | |
| In the space below, write a statement indicating that you **will not** use at any time chimneys, fireplaces, gas burning fireplaces, wood stoves or similar wood-burning devices in the licensed facility.  STATEMENT | | | |
| Licensee Signature | | Print Name | Date |