



CITY OF
CHASKA

FIREPLACE PERMIT APPLICATION



Scan the QR code to take
you to our online
permitting portal.

Site Address:			
Type of Property:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	
Applicant is:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	
Property Owner			
Name:		Email:	
Street Address:		Phone:	
Contractor Information			
Company Name:		Office Phone:	
Street Address:	City:	Zip:	
Contact Person:		License#:	
	Email:	Cell Phone:	
Type and Detailed Description of Work			
Fireplace System #1		Fireplace System #2	
Manufacturer:		Manufacturer:	
Model Number:		Model Number:	
Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	
Detailed Description of Work:			
<input type="checkbox"/> Contractor			
The undersigned agrees to do all work in conformance with city ordinances and rulings of the Building Department and herewith declares that all facts and representations on this application are true and correct and agrees to notify the Building Department when ready for inspection.			
Applicant Signature:			Date:
REQUIRED INSPECTIONS:			
Rough-In Inspection: Pressure test on the gas line(s) for 30 minutes @ 25 PSI minimum.			
Final Inspection: Shall be scheduled upon completion of fireplace system.			
Fireplace must be installed in accordance to manufacture's installation instructions.			
Instructions must be on site for inspections.			

Permit #: _____

Received By: _____

Date: _____