



SOLID FUEL BURNING DEVICE EXEMPTION APPLICATION

3104 E. Augusta Ave., Spokane, WA 99207-5384
Phone: (509) 477-4727 Fax: (509) 477-6828

If an exemption is granted, you may use a wood stove, fireplace, fireplace insert, pellet stove or other solid fuel burning device during impaired air quality (Stage I/Yellow or Stage II/Red).

The application must be submitted with a non-refundable review fee of \$25 for initial exemption applications or \$10 for annual renewals. Payment of the application fee does not guarantee approval of the exemption request. Mail completed application with appropriate fee to:

Spokane Regional Clean Air Agency
3104 E. Augusta Avenue
Spokane, WA 99207-5384

Instructions: Please complete the form and submit to Spokane Clean Air. Incomplete applications may be returned. Spokane Clean Air may also request additional information necessary to process the exemption request.

Applicant's Name: _____

Applicant's Address: _____

Daytime Phone: _____

Answer the following or check all that apply.

- The space that I need to heat with wood is:
 my residence my garage
 my home shop my business Other: _____
- In which room(s) is the wood heating device located (residential only)?
 living/family room(s) kitchen utility room
 sleeping room(s) storage room hobby room
 other: _____
- The space in which the wood heating device is located, was built:
 as an add-on to a pre-existing structure
 as part of the existing structure (original)
 as a separate structure from the house
- The space that I need to heat with wood was built in _____ (year). The amount of space that I need to heat with wood is _____ (sq. ft.).
- The wood heating device was installed in _____ (year).
- When installed, the wood heating device was:
 a new device a previously used device

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7. Is the wood heating device EPA certified?

yes (answer below) no

manufacturer & model: _____

8. Was a building permit for the wood heating device obtained prior to installation?

yes no

9. This space was originally heated by:

electric furnace electric baseboard gas furnace
 coal stove/furnace heat pump wood stove/insert
 wood furnace fireplace space not previously heated

10. If you identified a heat source above, other than a wood heating device, check all those that apply below.

The original heat source is:

- a.) still in place and functional
- b.) still in place but not adequate to heat the space
- c.) still in place but can't afford to operate it
- d.) still in place but doesn't function properly or at all [circle one: Own or Rent]
- e.) removed in _____ (year)
- f.) still in place, but prefer to heat with wood

11. If you marked 10b.) above, indicating that your original heat source is still in place, but not adequate to heat the space, answer the following questions.

The energy rating for my non-wood heat source is _____ (total output rating for gas or oil furnace in btu – found on heater, amps for electric furnace – found on circuit breaker, total length of baseboard heaters in linear feet, etc.).

The device heats _____ total square feet of space.

12. If you marked 10c.) above, indicating that you can't afford to operate your original heat source or can't afford to fix it, check all that apply:

- I have not attempted to qualify as "low income" for energy assistance through Spokane Neighborhood Action Programs (SNAP)
- I have contacted SNAP, but did not qualify as "low income" for energy assistance (attach documentation)
- I have contacted SNAP and qualify as "low income" for energy assistance (attach documentation)
- I have contacted SNAP, qualify as "low income" and received assistance as described below (describe – for example, supplemental heating assistance):

13. If you marked 10d.) on the previous page, indicating that your heat source is still in place but doesn't function, check all that apply:

- After the device stopped functioning, I chose to heat with wood instead of repairing or replacing the device.
- The device cannot be repaired. It would need to be replaced.
- I cannot afford to have the device repaired or replaced. (Be sure to complete Question 12.)

14. Please provide any additional information that you feel should be considered with this request.

15. "I do hereby certify that the information contained in this application is to the best of my knowledge accurate and complete."

Signature: _____

Date: _____

FOR SPOKANE CLEAN AIR USE ONLY

Type of exemption: Inadequate/Sole Source of Heat Low Income

Approved Date of Approval: _____ Date of Expiration: _____

Conditions of Approval: _____

Denied

Reasons: _____

Reviewed by: _____

Date: _____