No Adequate Source of Heat
Wood Heating Exemption
Application for the 2016-2017 Heating Season

Spokane Regional Clean Air Agency (Spokane Clean Air) may provide exemptions which allow residents to use solid fuel burning devices (e.g., wood stoves, pellet stoves and fireplace inserts) during burn bans, pursuant to Spokane Clean Air Regulation I, Article VIII. An exemption for no adequate source of heat is available to applicants that meet the requirements specified in Spokane Clean Air Regulation I, Article VIII, Section 8.08. A.

Complete and Submit this Application to Spokane Clean Air

Please provide the information requested on the following pages. To submit your completed application, or if you have any questions, you can contact Spokane Clean Air in any one of the following ways:

Web:  www.SpokaneCleanAir.org
Phone:  509-477-4727
Mail:  Spokane Regional Clean Air Agency
       3104 E. Augusta Avenue
       Spokane, WA  99207-5384

Once your application is received, Spokane Clean Air will review it to ensure it is complete. Applications must be submitted with a non-refundable review fee of $25. If your application is denied, a reason will be provided. Fees are non-refundable, even if your application is denied.

Approval or Denial

You will receive written notification from Spokane Clean Air indicating whether your application has been approved or denied. An approved exemption means you are exempt from Spokane Clean Air’s solid fuel burning device burn bans for the duration stated on your approval notice. Even if Spokane Clean Air approves your application, you must still burn cleanly and smoke from your chimney must be nearly invisible (must be less than 20% opacity per Washington Administrative Code 173-433-110).

Other Items to Note:

• You need to reapply and qualify for exemptions annually.
• Renewal Fee is $10.
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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 1/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 fee to:

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

Applicant Name: _____________________________________________________________________
Phone: _____________________________________________________________________________
Address: ____________________________________________________________________________
City: _______________________________________ State: __________ Zip: ____________________

Please Answer the following and check all that apply:

1. The space that I need to heat with wood is:
   □ single family home    □ mobile home
   □ apartment            □ other: _____________________________________________________________________________

2. In which room(s) is the wood heating device located (residential only)?
   □ living/family room(s)    □ kitchen    □ sleeping room(s)
   □ other: _____________________________________________________________________________

3. Make and model of device: ________________________________________________________________________________

4. Is your device EPA-certified?    □ Yes    □ No    □ I don’t know
5. Was the residential property originally constructed with a wood heating device as a source of heat?
   - Yes
   - No

6. In what year was the structure (e.g., home, mobile home) constructed? ________________________

7. Is the space for which the exemption is being requested part of the original construction?
   - Yes
   - No

   If not part of the original construction please indicate year of construction: ________________________

8. Check all heat sources other than wood burning heat source installed in the home, apartment or mobile home.
   - electric furnace  
   - electric baseboard  
   - gas furnace  
   - oil stove / furnace  
   - heat pump  
   - other: ________________________

9. If you identified a heat source above, check all those that apply below.

   The 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 (request snap form)
   - d. removed in ________________________ (year)
   - e. still in place, but prefer to heat with wood
   - f. broken in need of repair (see primary heat source exemption)

10. If you marked 9b above, indicating that your original heat source is still in place, but not an 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. The device maintains the temperature in the living areas to ________________________ degrees Fahrenheit.
11. Please provide any additional information as to why your non-wood heat source is inadequate for heating the living space.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

12. Did you receive a One-Time, 10-Day Temporary Solid Fuel Burning Device Exemption prior to filing this application?

☐ Yes  ☐ No

13. “I do hereby certify that the information contained in this application is to the best of my knowledge, accurate and complete.”

Signature: _______________________________  Date: ______________________

SPOKANE CLEAN AIR to complete the following

Inadequate/Sole Source of Heat Wood Heating Exemption:

Applicant’s Name: ________________________________________________________

Applicant’s Address: ______________________________________________________

☐ Approved  Date of Approval: ___________  Date of Expiration: _____________

Conditions of Approval:

_________________________________________________________________________
_________________________________________________________________________

☐ Denied

Reasons:

_________________________________________________________________________
_________________________________________________________________________

Reviewed by: _______________________________  Date: ______________________