

Pre-consultation Checklist

Name: _____

Street Address: _____ **City:** _____ **Zip-code:** _____

Phone: _____ **Email:** _____

Your Project:

- Add a Fireplace Convert Existing Fireplace
 New Construction Home Addition

Type of Fuel:

- Gas LP/NG Wood Pellet Electric

Product Placement:

- Exterior Wall Interior Wall
 In Corner On Flat Wall

Room:

- Living Room Family Room Bedroom
 Basement Kitchen Porch/Patio
 Bath Exterior Other _____

Room Size:

Room Dimension _____ Ceiling Height _____

If interested in a fireplace insert, measure the following:

- A. Fireplace Front Height: _____
 B. Fireplace Front Width: _____
 C. Fireplace Back Width: _____
 D. Fireplace Depth: _____

