

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: _____

