

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: _____

