

2017 Borough Listed Installer Agreement

(Revised 8-7-17)



Within the Air Quality Control Zone, only Borough listed installers may install qualified solid fuel burning appliances in new construction starting on or after January 1, 2018, or any appliance installed through the Borough's Wood Stove Change Out Program. To become a Borough listed installer, complete all sections of this form and submit it along with copies of the certifications to the FNSB Air Quality Office at 3175 Peger Road. Application submittal does not guarantee approval.

The Fairbanks North Star Borough is subject to the Alaska Public Records Act, AS 40.25 et seq. and this document may be subject to public disclosure under state law.

Name of Installer: _____

Company Name (if applicable): _____

Physical Address: _____

Mailing Address: _____

Phone Number(s): _____

Email & Website Address: _____

Certification(s)/License(s) Held (please list): _____

Type(s) of Appliance(s) Able to Install:

- | | |
|---|---|
| _____ Wood stove | _____ Masonry Heater |
| _____ Pellet Stove | _____ Pellet-burning hydronic heater |
| _____ Oil burning appliance | _____ Natural gas/propane burning appliance |
| _____ Electrical heating appliances | _____ Hot water district heat appliance |
| _____ Emergency Power System – please specify type: _____ | |
| _____ Other, please specify: _____ | |

By signing below I am agreeing that when installing a qualified appliance as part of the Borough's Wood Stove Change Out Program and when installing a qualified appliance in new construction, which commences on or after January 1, 2018, I will properly install the appliance based on the manufacturer's installation manual, I will comply with any building code requirements, and I will ensure the appliance is properly sized for the building in question. I also agree, if applicable, to complete training with the applicant, ensuring that they understand how their particular appliance operates, including education on proper wood burning techniques.

Installer Signature: _____ Date: _____

Checklist (For Borough Use Only):

_____ Copy of certification(s) Date Received _____ By _____ Date Approved/Denied _____
(Circle One)