

**AVERY COUNTY INSPECTIONS AND PLANNING DEPARTMENT
BUILDING PERMIT APPLICATION FORM**

**PO BOX 596
NEWLAND, NC 28657**

**PHONE: 828-733-8204
FAX: 828-733-7003**

PROPERTY OWNER: _____ TELEPHONE: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PROJECT ADDRESS: _____

TOWNSHIP: _____ SUBDIVISION: YES () NO (), LOT NO _____ PARCEL ID: _____

OWNER EMAIL ADDRESS: _____

GENERAL CONTRACTOR: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DESCRIPTION OF PROPOSED WORK: _____

TOTAL PROJECTED COST \$ _____ SIZE OF ELECTRICAL SERVICE: _____ AMPS

TYPE OF HEAT: _____ AIR CONDITIONING: YES or NO FIREPLACE: YES () NO () HOW MANY: _____

OF BEDROOMS: _____ # OF BATHROOMS: _____ # OF HALF BATHROOMS: _____ GARAGE: YES () NO () ATTACHED _____

RESIDENTIAL: NEW () EXISTING () ADDITION () OTHER ()

PROPERTY USE: SINGLE FAMILY (), TWO FAMILY (), APARTMENT (), CONDOMINIUM (), TOWNHOUSE (), OTHER () (OFFICE, LIBRARY, ETC)

NON-RESIDENTIAL: CHURCH (), HOSPITAL (), INDUSTRIAL (), GARAGE (), SERVICE STATION (), BANK (), OFFICE (), PROFESSIONAL BUILDING (), STORES/MERCHANDISE (), SCHOOLS/LIBRARY (). OTHER (SPECIFY): _____

BUILDING AREA: TOTAL FINISHED AREA _____ SQ. FT. TOTAL UNFINISHED AREA _____ SQ. FT.

NUMBER OF STORIES: _____ DECKS OR PORCHES _____ SQ. FT.

BUILDING HEIGHT: _____ FT GARAGE: () ATTACHED, () DETACHED, OR () NONE

BASEMENT: _____ SQ.FT. FINISHED
FIRST FLOOR: _____ SQ.FT. FINISHED
SECOND FLOOR: _____ SQ.FT. FINISHED
THIRD FLOOR: _____ SQ. FT. FINISHED
GARAGE: _____ SQ.FT. FINISHED

UNFINISHED: _____ SQ.FT.
UNFINISHED: _____ SQ.FT.
UNFINISHED: _____ SQ. FT.
UNFINISHED: _____ SQ.FT.
UNFINISHED: _____ SQ.FT.

BUILDING CONTRACTOR: _____ LIC #: _____ STATE AGENCY APPROVAL DATE: _____
ELECTRICAL CONTRACTOR: _____ LIC #: _____ NC DEPT OF INSURANCE APPROVAL
PLUMBING CONTRACTOR: _____ LIC #: _____ YES () NO () N/A ()
MECHANICAL CONTRACTOR: _____ LIC #: _____ PLAN APPROVAL _____ SPECS _____
ALARM SYSTEM INSTALLATION: _____ LIC #: _____

SEWER: PUBLIC (), PRIVATE () HEALTH DEPT. PERMIT # _____ DATE: _____ SEPTIC APPROVAL INITIALS: _____

REQUIRED ZONING PERMIT: BANNER ELK (), SUGAR MTN VILLAGE (), LAND HARBOR (), GGCC (), OTHER ()

NOTE: ARE YOU IN A FLOOD PLAIN? () YES or () NO River Basin: _____

NOTE: ALARM USER PERMIT REQUIRED FOR ALL CENTRAL COMMUNICATION ALARM SYSTEMS. INSTALLER IS REQUIRED TO SUBMIT ALARM INSTALLATION CERTIFICATION BEFORE A CERTIFICATE OF OCCUPANCY IS ISSUED.

The undersigned hereby makes application as designated above and agree to conform to all applicable laws of Avery County and the State of North Carolina and Federal Environmental Laws and the undersigned further states that all statements herein are true. Effective NCGS 153A-358 on all building permits, work must commence within the first six (6) months after issuance of permit, and after commencement, if work is discontinued for a period of 12 months, the permit shall expire. Therefore, a new permit must be secured. If more than 2 inspections per trade is violated may result in a \$25.00 trip charge at discretion of inspector.

SIGNATURE OF APPLICANT DATE

BUILDING PERMIT FEE: _____
NC RECOVERY FEE: _____
OVER 200 AMP CHARGE: _____
TOTAL PERMIT COST: _____

COMMENTS:

AVERY COUNTY DEPARTMENT OF INSPECTIONS
CERTIFICATION AS TO STATUS OF LICENSURE (OWNER/APPLICANT)

I understand that I am signing this document under oath; I certify that I am making a truthful statement. I have entered into a construction contract where the cost of the undertaking exceeds \$30,000. I have read G.S. Section 87-1 as amended July 6, 1992 which is printed below. I certify that I am not allowing an unlicensed general contractor to perform the duties of a general contractor, which, I understand from reading G.S. Section 87-1 below, includes construction superintending and managing in addition to, among other things, signing written contracts. I intend to retain the finished house/or other project exclusively for my own use; I am not building a "speculation" project with the intention of selling the project once it is completed. I will occupy the property for at least one year following completion of construction. I understand that building a "spec" project without proper licensure is a violation of G.S. 87-1 and G.S. 87-13; this may be a criminal offense. Also, I understand that under G.S. Section 87-15.5, the "Homeowners Recovery Fund," no homeowner acting as a general contractor has any right of recovery. A Certificate of Occupancy will be requested when project is finished.

General Statutes 87-1. "General Contractors" defined: For the purpose of this Article any person or corporation who for a fixed price, commission, fee, or wage undertakes to bid upon or to construct or who undertakes to superintend or manage, on his own behalf or for any person, firm, or corporation that is not licensed as a general contractor pursuant to this Article, the construction of any building, highway, public utilities, grading, or any improvement or structures where the cost of undertaking is thirty thousand dollars (\$30,000.00) or more, or undertakes to erect a North Carolina labeled manufactured modular building meeting the North Carolina State Building Code, shall be deemed to be a "general contractor" engaged in business of general contracting in the State of North Carolina.

I have filled out the attached worksheet/affidavit regarding Workers' Compensation, and I certify either that I am not required by Law to carry such coverage or that I will agree to submit certificates or insurance coverage upon demand by the building inspector. I understand that I am responsible for ascertaining whether I am obligated by law to obtain workers compensation insurance and to assure that our insurance coverage is adequate; I have made all reasonable inquiries of the appropriate authorities and/or sought private legal counsel to assure that I am providing all workers' compensation coverage required by law.

TOILET FACILITIES FOR WORKMEN: Reference Building Code Volume 3, Page 419. Suitable toilet facilities shall be provided and maintained in a sanitary condition during construction. (There shall be a Port-A-John on site or adjoining bathroom facilities within 400' of job site). Temporary Service will not be provided if these code provisions are violated.

Owner/Applicant

Date

Telephone #

Notarization:

Sworn to and subscribed before me this _____ day of _____, 20 ____.

Notary Public

My commission expires

AFFIDAVIT OF WORKERS' COMPENSATION COVERAGE
N.C. G.S. § 87-14

The undersigned applicant for Building Permit # _____ being the

Contractor

Owner

Officer/Agent of the Contractor or Owner

do hereby aver under penalties of perjury that the person(s) , firm(s) or corporation(s) performing the work set forth in the permit:

_____ has/have three (3) or more employees and have obtained workers' compensation insurance to cover them,

_____ has/have one or more subcontractor(s) and have obtained workers' compensation insurance covering them,

_____ has/have one or more subcontractor(s) who has/have their own policy of workmen's compensation covering them,

_____ has/have not more than two (2) employees and no subcontractors,

while working on the project for which this permit is sought. It is understood that the Inspections Department issuing the permit may require certificates of coverage of workers' compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Firm name: _____

By: _____

Title: _____

Date: _____

Avery County Inspections & Planning Department
Newland, NC 28657

Date: _____

Single Homesite Grading Affidavit
(Land Disturbing Activity)

The purpose of this affidavit is to notify the property developer/landowner of the liability of the grading/land disturbing process of developing/building upon a single parcel, lot or tract of land in Avery County.

The landowner is responsible/liable for any off-site sedimentation which would impact adjoining property owners. North Carolina Erosion and Sedimentation Best Management Practices (BMP's) are required on every site.

The landowner is responsible/liable for any jurisdictional waters or wetlands located on their property. All streams, rivers, creeks, and springs in Avery County have a surface freshwater classification as determined by the North Carolina Division of Water Quality. Army Corp of Engineers and NC Water Quality permits may be required.

Any grading activity within 30 feet of jurisdictional waters will require a grading permit from the Avery County Planning Department.

The land disturbing activity (all grading) shall include road/driveway, homesite, and septic system area.

Estimate in square feet the amount of land that will be disturbed to develop your tract of land:

- | | |
|--|--|
| <input type="checkbox"/> 5500 sq. ft. and under (1/8 Acre) | <input type="checkbox"/> 33,000 sq. ft. (3/4 Acre) |
| <input type="checkbox"/> 11,000 sq. ft. (1/4 acre) | <input type="checkbox"/> 43,560 sq. ft. (1 Acre) |
| <input type="checkbox"/> 22,000 sq. ft. (1/2 Acre) | <input type="checkbox"/> over 43,560 sq. ft. |

Note: All land disturbing activities over 43,560 sq. ft. (residential or commercial) requires a separate grading permit to be issued by the Avery County Planning Department.

Owner's Name: _____ Date: _____

Mailing Address: _____

Signature of Owner: _____

Avery County, North Carolina

I certify that the following person personally appeared before me this day, acknowledging to me that he or she signed the foregoing document.

Date:

Notary Public
My commission expires:

COUNTY OF AVERY
BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE ANNEX

P.O. Box 596
Newland, NC 28657

828 733-8204
Fax: 733 7003

ELECTRICAL CONTRACTOR LICENSE CHECK & REGULATION SHEET

ELECTRICAL CONTRACTOR INFORMATION

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT NO: _____

I, the undersigned, have read and understand the General Statutes pertaining to electrical contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of an electrical contractor upon this project. If I resign or am no longer affiliated with this said project, I will notify the Department of Inspections in Avery County immediately by phone or in person and in writing within three (3) working days.

SIGNATURE: _____ DATE: _____

Sworn to and subscribed before me this _____ day of _____ 20__.

Notary Public

Date

My commission expires: _____.

COUNTY OF AVERY
BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE ANNEX

P.O. Box 596
Newland, NC 28657

Telephone: 828 733-8204
Fax: 828 733-~~8236~~ 7003

PLUMBING CONTRACTOR LICENSE CHECK & REGULATION SHEET

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT: _____

I, the undersigned, have read and understand the N.C. General Statutes pertaining to Plumbing Contracting in North Carolina. I hereby affirm or swear I am licensed and qualified to assume all responsibility and liability of a plumbing contractor upon this project. If I resign or am no longer affiliated with this project, I will notify the Avery County Department of Inspections immediately by phone or in person, and in writing within three (3) working days.

SIGNATURE: _____

DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____.

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

**AVERY COUNTY BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE
ROOM #102**

P.O. Box 596
Newland, NC 28657

Telephone: (828) 733-8204
Fax: (828) 733-7003

HVAC CONTRACTOR LICENSE CHECK & REGULATION SHEET:

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION:

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT: _____

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE N.C. GENERAL STATUTES PERTAINING TO HEATING AND AIR CONDITIONING CONTRACTING IN NORTH CAROLINA. I HEREBY AFFIRM OR SWEAR I AM LICENSED AND QUALIFIED TO ASSUME ALL RESPONSIBILITY AND LIABILITY OF A HVAC CONTRACTOR UPON THIS PROJECT. IF I RESIGN OR AM NO LONGER AFFILIATED WITH THIS PROJECT, I WILL NOTIFY THE AVERY COUNTY INSPECTIONS DEPARTMENT IMMEDIATELY BY PHONE OR IN PERSON AND IN WRITING WITHIN THREE (3) WORKING DAYS.

SIGNATURE: _____ **DATE:** _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ **DAY OF** _____, 20_____

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____

COUNTY OF Avery
Avery County Inspection Department

Parcel Identification Number and address where the building is to be constructed: PIN _____

Address _____

Type of construction: Residential Commercial Industrial Other

Intended use after completion (e.g. Personal residence): _____

Building permit number associated with this application: _____

I, _____ (_____) _____
(Print Full Name) (Phone Number)

hereby claim exemption from licensure under G.S. 87-1(b)(2) by initialing the relevant provision in paragraph 1 and initialing paragraphs 2-5 below attesting to the following:

- 1. _____ I certify I am the owner of the property set forth above on which a building is to be constructed or altered and for which application for a building permit is hereby made;
OR
_____ I am legally authorized to act on behalf of the firm or corporation that is constructing or altering this building on the property owned by the firm or corporation as set forth above:

(Name of Firm or Corporation)

- 2. _____ I will personally superintend and manage all aspects of the construction or alteration of the building and that duty will not be delegated to any person not duly licensed under the terms of Article 1, Chapter 87 of the General Statutes of North Carolina.
- 3. _____ I will be on site regularly during construction and I will be personally present for all inspections required by the North Carolina State Building Code, unless the plans for the construction or alteration of the building were drawn and sealed by an architect licensed pursuant to Chapter 83A of the General Statutes of North Carolina.
- 4. _____ I understand that by executing this licensing exemption AFFIDAVIT pursuant to G.S. 87-1(b)(2), I am required by law to occupy the building for which the licensing exemption is granted for twelve months after completion, during which time it may not be offered for rent, lease or sale.
- 5. _____ I understand a copy of this AFFIDAVIT will be transmitted to the North Carolina Licensing Board for General Contractors for verification I am validly entitled to claim an exemption under G.S. 87-1(b)(2) for the building construction or alteration specified herein. I further understand if the North Carolina Licensing Board for General Contractors determines I am not entitled to claim this exemption the building permit issued for the construction or alteration specified herein shall be revoked pursuant to G.S. 153A-362 or G.S. 160A-422.

(Signature of Affiant) (Date)

Sworn or affirmed and subscribed before me this the _____ day of _____, 20_____

(Signature of Notary Public)

(Notary Stamp or Seal)

(Printed Name of Notary Public)

AVERY COUNTY INSPECTIONS DEPARTMENT SUPPLEMENTAL BUILDING INFORMATION

OWNER'S NAME: _____	BUILDING SITE'S 911 ADDRESS: _____			
MARK ALL THAT APPLY	Residential/Commercial	Residential/Commercial	Residential/Commercial	Commercial/Business Occupancy
FOUNDATION/FOOTINGS:	ROOFING STRUCTURE:	HEATING FUEL:	Frostline Footer: Depth: _____ Width: _____	Number of restrooms: _____ ADA Restrooms: _____
<input type="checkbox"/> Concrete Slab <input type="checkbox"/> Piers <input type="checkbox"/> Continuous Footers. <input type="checkbox"/> Spread Footers <input type="checkbox"/> Special Footers <input type="checkbox"/> Crawl Space <input type="checkbox"/> Other:	<input type="checkbox"/> Flat <input type="checkbox"/> Shed <input type="checkbox"/> Gable <input type="checkbox"/> Hip <input type="checkbox"/> Gambrel/Mansard <input type="checkbox"/> Cathedral/Irregular <input type="checkbox"/> Wood Truss/Irregular <input type="checkbox"/> Rigid Frame w/Bar Joist <input type="checkbox"/> Steel Frame or Truss <input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> None <input type="checkbox"/> Oil, Wood or Coal <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Propane Tank _____ gals	Frostline 18" Depth of Concrete Poured: _____	CONDOS/APARTMENTS: Total No. of Units: _____
SUB FLOOR SYSTEM:	ROOFING COVER:	HEATING TYPE:	Foundation Wall Height: _____ Foundation Wall Thickness: _____ How deep will back-fill be? _____	Commercial/Business STRUCTURAL FRAME:
<input type="checkbox"/> Earth/No Sub-Floor <input type="checkbox"/> Slab On Grade <input type="checkbox"/> Slab Above Grade <input type="checkbox"/> Plywood <input type="checkbox"/> Wood <input type="checkbox"/> Structural Slab	<input type="checkbox"/> Minimum Roofing <input type="checkbox"/> Rolled Composition <input type="checkbox"/> Asphalt or Composition Shingle <input type="checkbox"/> Tar and Gravel <input type="checkbox"/> Rubber membrane <input type="checkbox"/> Concrete Tile/Clay <input type="checkbox"/> Cedar Shake/Wood Shingle <input type="checkbox"/> Copper <input type="checkbox"/> Composite Shake <input type="checkbox"/> Slate <input type="checkbox"/> Metal (Standard or Standing Seam)	<input type="checkbox"/> None <input type="checkbox"/> Baseboard Heat <input type="checkbox"/> Forced Air — Not Ducted <input type="checkbox"/> Forced Air— Ducted <input type="checkbox"/> Radiant Ceiling Heat <input type="checkbox"/> Hot Water <input type="checkbox"/> Radiant—Electric <input type="checkbox"/> Radiant—Water <input type="checkbox"/> Heat Pump	Floor Trusses? Yes () No () Total No. of Floor Girders: _____ Total No. of Piers: _____ Floor Joist: 2 X _____ Length _____ Floor Member Spacing: on Center _____	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Pre-Fab (Modular) <input type="checkbox"/> Masonry <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Post and Beam <input type="checkbox"/> N/A <input type="checkbox"/> Fire Rated <input type="checkbox"/> Special
EXTERIOR WALL:	INTERIOR WALL CONSTRUCTION:	AIR CONDITIONING:	ROOF ASSEMBLY	Insulation Zone V:
<input type="checkbox"/> Siding Minimum <input type="checkbox"/> Corrugated Metal (light) <input type="checkbox"/> Corrugated Metal (heavy) <input type="checkbox"/> Wall Board or Composition <input type="checkbox"/> Single Siding (no sheathing) <input type="checkbox"/> Board & Batten <input type="checkbox"/> Masonite on Sheathing <input type="checkbox"/> Wood on Sheathing Siding <input type="checkbox"/> Vinyl/Aluminum Siding <input type="checkbox"/> Concrete Block <input type="checkbox"/> Stucco on Concrete Block <input type="checkbox"/> Stucco on Tile or Wood Frame <input type="checkbox"/> HardiePlank/Cement Fiber <input type="checkbox"/> Log or Wood Shingle <input type="checkbox"/> Cedar or Redwood Siding <input type="checkbox"/> Bark Siding <input type="checkbox"/> Commercial/Jumbo Brick <input type="checkbox"/> Residential Brick <input type="checkbox"/> Stone <input type="checkbox"/> Modular Metal <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Precast Panel <input type="checkbox"/> Prefinished Metal <input type="checkbox"/> Glass/Thermopane	<input type="checkbox"/> Masonry or Minimum <input type="checkbox"/> Wall Board <input type="checkbox"/> Plastered <input type="checkbox"/> Plywood Panel <input type="checkbox"/> Drywall/Sheetrock <input type="checkbox"/> Custom/Wood	<input type="checkbox"/> None <input type="checkbox"/> Wall Unit <input type="checkbox"/> Central <input type="checkbox"/> Packaged Roof Top <input type="checkbox"/> Chilled Water	Ceiling Joist Size: _____ Span: _____ Rafter Size: _____ Span: _____	_____ Ceiling Insulated _____ Wall Insulated _____ Ceiling and Wall Ins _____ No Insulation
	INTERIOR FLOOR COVER:	STYLE OF DWELLING:	DECK	Wall Height
	<input type="checkbox"/> Minimum/Plywood <input type="checkbox"/> Finished Concrete <input type="checkbox"/> Asphalt Tile <input type="checkbox"/> Linoleum/Sheet Vinyl <input type="checkbox"/> Hardwood/Laminate <input type="checkbox"/> Ceramic Tile <input type="checkbox"/> Parquet <input type="checkbox"/> Carpet <input type="checkbox"/> Quarry or Hard Tile <input type="checkbox"/> Terrazzo Epoxy Strip <input type="checkbox"/> Slate <input type="checkbox"/> Marble <input type="checkbox"/> Vinyl Flooring (Laminate Planking)	<input type="checkbox"/> 1 Story <input type="checkbox"/> 1.5 Story <input type="checkbox"/> 2.5 Stories or more <input type="checkbox"/> 1 Story with Basement <input type="checkbox"/> A-frame <input type="checkbox"/> Split Level <input type="checkbox"/> 2.5 Stories or more <input type="checkbox"/> Ranch with Basement	Deck Girder Size: _____ Deck Post Spacing: _____ Deck Post Size and Length: _____ Deck Joist Spacing: _____ Deck Joist Size: 2 X _____ Deck Joist Length: _____	<input type="checkbox"/> Standard 8FT or Less <input type="checkbox"/> Non Standard greater than 8FT
		FIREPLACE:	Single Family Dwellings	<input type="checkbox"/> Restaurants Grease trap size _____ gals
		<input type="checkbox"/> None <input type="checkbox"/> Pre-fabricated <input type="checkbox"/> 1 Fireplace <input type="checkbox"/> 2 Fireplaces <input type="checkbox"/> 3 or More Fireplaces	Insulation R-Value	Type of Construction:
		RESIDENTIAL	Floor: _____ Wall: _____ Ceiling: _____ Cathedral Ceiling: _____	<input type="checkbox"/> Type V Exterior & Interior: Combustible <input type="checkbox"/> Type IV Heavy Timber <input type="checkbox"/> Type III Exterior Non-Combustible: Interior all materials as permitted by code <input type="checkbox"/> Type II Non-Combustible <input type="checkbox"/> Type I : Occupancy Group I or H
		Number of BEDROOMS/BATHS:	Wind Zone: (please check) 115 mph (); 120 mph (); 130 mph (); 140 mph (); 150 mph (); N/A ()	Occupancy Classification
		Location: 1st 2nd Basement Bedrooms _____ Bathrooms _____ 1/2 Baths _____	Number of Exit Doors: _____ Size of Exit Door(s): _____	<input type="checkbox"/> A-Assembly <input type="checkbox"/> B-Buisness <input type="checkbox"/> E-Educational <input type="checkbox"/> F- Factory: (<input type="checkbox"/> group 1 or <input type="checkbox"/> group 2) <input type="checkbox"/> H- High-Hazzard <input type="checkbox"/> I-Institutional <input type="checkbox"/> M-Merchandise <input type="checkbox"/> R-Residential _____ <input type="checkbox"/> S-Storage <input type="checkbox"/> U-Utility
			Fireplace Hearth Depyh Hearth Extension: <input type="checkbox"/> opening < 6 sq. ft. 16" <input type="checkbox"/> opening > 6 sq. ft. 20"	