



Primary Heating Source Temporarily Inoperable Wood Heating Exemption

Application for the 2016-2017 Heating Season

Spokane Regional Clean Air Agency (Spokane Clean Air) may provide exemptions which allow residents to use solid fuel burning devices (e.g., wood stoves, pellet stoves and fireplace inserts) during burn bans, pursuant to Spokane Clean Air Regulation I, Article VIII. A wood heating exemption is available for non-solid fuel heating devices that are temporarily inoperable (e.g., natural gas fired furnace, oil heater etc.) The device must be inoperable for reasons other than your own actions and the timeframe for bringing the non-solid fuel heating device back into operation must be submitted with the application to SRCAA. Temporarily Inoperable Exemptions are available for both commercial and residential properties. Unless otherwise approved these exemptions are limited to 30 days.

Complete and Submit this Application to Spokane Clean Air

Please provide the information requested on the following pages. To submit your completed application, or if you have any questions, you can contact Spokane Clean Air in any one of the following ways:

Web: www.SpokaneCleanAir.org
Phone: 509-477-4727
Mail: Spokane Regional Clean Air Agency
3104 E. Augusta Avenue
Spokane, WA 99207-5384

Once your application is received, Spokane Clean Air will review it to ensure it is complete. Applications must be submitted with a non-refundable review fee of \$25. If your application is denied, a reason will be provided. Fees are non-refundable, even if your application is denied.

Approval or Denial

You will receive written notification from Spokane Clean Air indicating whether your application has been approved or denied. An approved exemption means you are exempt from Spokane Clean Air's solid fuel burning device burn bans for the duration stated on your approval notice (usually 30days). *Even if Spokane Clean air approves your application, you must still burn cleanly and smoke from your chimney must be nearly invisible (must be less than 20% opacity per Washington Administrative Code 173-433-110).*



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If an exemption is granted, you may use a wood stove, fireplace, fireplace insert, pellet stove or other solid fuel burning device during impaired air quality (Stage 1/Yellow or Stage II/Red).

The application must be submitted with a non-refundable review fee of \$25 for initial exemption applications or \$10 for annual renewals. Payment of the application fee does not guarantee approval of the exemption request. Mail completed application with fee to:

Spokane Regional Clean Air Agency
3104 E. Augusta Avenue
Spokane, WA 99207-5384

Applicant Name: _____

Phone: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Please Answer the following and check all that apply:

1. The space that I need to heat with wood is:

single family home

mobile home

apartment

other: _____

2. In which room(s) is the wood heating device located (residential only)?

living/family room(s)

kitchen

sleeping room(s)

other: _____

3. Make and model of device: _____

4. Is your device EPA-certified? Yes No I don't know

5. Check any heat source other than wood burning heat source installed in the home, apartment or mobile home.

electric furnace electric baseboard gas furnace

oil stove / furnace heat pump other: _____

6. On what date did your primary (non-solid fuel) heating source become inoperable? _____

7. Please provide a description of what needs to be repaired and a timeline for the completion of the repairs.

8. Please provide contact information if available for the service repair provider.

9. Have you received a One-Time, 10-Day Temporary Solid Fuel Burning Device Exemption prior to filing this application?

Yes No

10. "I do hereby certify that the information contained in this application is to the best of my knowledge, accurate and complete."

Signature: _____

Date: _____

SPOKANE CLEAN AIR to complete the following

Primary Heating Source Temporarily Inoperable Wood Heating Exemption:

Applicant's Name: _____

Applicant's Address: _____

Approved Date of Approval: _____ Date of Expiration: _____

Conditions of Approval:

Denied

Reasons:

Reviewed by: _____ **Date:** _____