

Solid Fuel Appliance Installation Application

Property Owner Name: _____ Building Permit #: _____
(Please print)

Civic Address: _____

Appliance Type: _____ Manufacturer: _____

Model#: _____ Serial#: _____ ULC: ___ CSA: ___ WHI: _____

Installer Information:

Wood Energy Technician (WETBC) Certified: Yes ___ No ___ Owner/Builder: _____

Name: _____ Certification #: _____
(Please print)

Company Name: _____
(Please print)

Company Address: _____

Phone: _____ Fax: _____

Installation Information:

Clearance to combustibles: Front: _____ Side: _____ Side: _____ Rear: _____

Floor Type/ Protection: _____

Hearth projection: Front: _____ Side: _____ Side: _____ Rear: _____

Chimney /Flue Type:

Masonry: _____ New: _____ Existing: _____ Age: _____

Flue Pipe: _____ Size: _____ Single Wall _____ Double Wall: _____ Triple Wall: _____

Height of Chimney above roof: _____ Distance above roof peak: _____

Mechanical Ventilation:

Passive make-up air: Size: _____ (min.= flue dia.(0.5) Location: _____

Carbon Monoxide Detector: Yes: ___ No: ___ Location: _____

Forced Air Interconnect: Yes: ___ No: ___ Location: _____