

WOOD BURNING APPLIANCE/ CHIMNEY PERMIT APPLICATION

PLEASE INCLUD	E WITH PER	MIT APPLICAT	ION:			
		cturer's installation		neet on applia	nnce/chimney	
Floor plan indicating		Location of proposed appliance				
		of combustion air (i				
	☐ Presence	e of smoke detector	and carbon mo	noxide detec	tor	
I/We				OV	vner of	
I/WeOwner(s) or	· Authorized R	Representative		, 0 v	viici oi	
o whereby of	Tidillollized 1	toprosentati ve				
	Civic Addı	ess				
		truct/install a woo	od burning app	liance and/o	or chimney according to	
the following specia	fications:					
True of Amelianas.	□ Massau	/Clairean av		oston / Wood	1.4	
Type of Appliance:	Masoni	ry/Cnimney	Space не	sater / wood	istove	
	☐ Other					
						
Appliance Model			Serial Numb	er		
-						
Rating:	CSA (Canadia)	n Standards Asso	ciation	CSA No.		
		Or				
J	JLC (Underwa	riters Laboratorie	s of Canada	ULC No.		
	. a.					
Venting Type: []	Masonry – Siz	e Or		SA/ULC No)	
	Motel Siz		C	CA/III C NL)	
Inside Venting (pip	netai Siz	Single Well		SA/ULC NO)	
miside venting (pip	c).	Single wan		vv all		
Installation Specific	cations / Clear	ance from combu	ıstibles:			
answard Specific	, w. 10110 / C1 0 11					
TopSi	des	Rear	Front		_Flue Pipe	
Outside source of C	ombustion Ai	ir is mandatory in	mobile homes	and as per	manufacturers'	
requirements.		-		_		
If applicable, Indica	ate Source of (Combustion Air:				

After appliance/chimney is installed, call 489-0207 to book an inspection. 24 hours notice is required. * This inspection is visual code compliance only.

NOTE: All work must be done by a person(s) holding a Cranbrook Business License for the current period except in the case of a homeowner who personally does the work.

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It is understood that neither the granting of a permit nor the approval of the drawings and specifications, nor inspections made by the authority having jurisdiction during the installation of the wood burning appliance and/or chimney shall in any way relieve the owner from full responsibility of carrying out the installation in accordance with good and proper building practices.

Permit lapses twenty – four (24) months from the date of issuance.

Contractor (please print)	Present Address	Telephone No.
Contactor Signature	Business License No.	
Owner (please print)	Present Address	Telephone No.
I have read the above agreeme	nt and understand it.	
Owner/Authorized Represen	atative Signature Date	