



Solid Fuel Burning Installation Checklist

To be completed & submitted by the installer before inspection

Permit #: _____ Date Issued: _____ Inspection Request Date: _____

Municipal Address: _____ Legal Address: Lot: _____ Block: _____ Plan: _____

Owner Information:	Installer Information:	
Owner's Name: _____	Installer's Name: _____	Installation Accepted
Address: <input type="checkbox"/> Same as Above <input type="checkbox"/> _____	Company Name: _____	
City: _____ Postal Code: _____	Address: _____	
Contact #s: <input type="checkbox"/> Home <input type="checkbox"/> Cell _____	Contact #s: _____	
	E-mail: _____	

Solid Fuel Appliance Information	Type: <input type="checkbox"/> Wood Stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Wood Burning Furnace <input type="checkbox"/> Wood Boiler <input type="checkbox"/> Add-On Furnace Fireplace <input type="checkbox"/> Other (specify): _____ Rating Plate: Testing Agency: _____ Approved for Mobile Home: <input type="checkbox"/> Yes <input type="checkbox"/> No EPA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Model: _____ Serial #: _____ Manufacturing Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Solid Fuel Appliance Requirements	Location: <input type="checkbox"/> Wall <input type="checkbox"/> Corner <input type="checkbox"/> Alcove Vent Exit: <input type="checkbox"/> Roof <input type="checkbox"/> Wall Required Clearance to Combustibles: Front: _____ Back: _____ Sides: _____ Corners: _____ Actual Clearance to Combustibles: Front: _____ Back: _____ Sides: _____ Corners: _____ Heat Shielding Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Is the Heat Shield Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Mfg. _____ Type of Floor Required: <input type="checkbox"/> Non-Combustible <input type="checkbox"/> Combustible Radiant Heat Floor Protection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Hearth / Floor Protector Size: Length: _____ Width: _____ Materials used: _____ Combustion Air Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Combustion Air Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No CO Alarms installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Smoke Alarms installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Above Installations Comply with Current NBC, CSA B365, and Manufacturers Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Flue Pipe Information & Requirements	Flue Pipe: <input type="checkbox"/> Single wall <input type="checkbox"/> Double Wall, Manufacturer/Model and Certification: _____ Flue Pipe Size: _____ Req'd Clearance to Combustibles: Wall: _____ Ceiling: _____ Actual Clearance to Combustibles: Wall: _____ Ceiling: _____ Shielding Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Joints Mechanically Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No Flue Pipe Supported: <input type="checkbox"/> Yes <input type="checkbox"/> No Above Installations Comply with Current NBC, CSA B365, and Manufacturers Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Chimney Information & Requirements	Type: <input type="checkbox"/> New Chimney <input type="checkbox"/> Existing Chimney <input type="checkbox"/> S629 <input type="checkbox"/> Masonry <input type="checkbox"/> Liner <input type="checkbox"/> Other: _____ Manufacturer: _____ Size: _____ Ceiling Support Manufacturer: _____ Ceiling Support distance below ceiling met: <input type="checkbox"/> Yes <input type="checkbox"/> No Attic Shield Installed with Collar: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer/Certification: _____ Insulated wall Thimble: Manufacturer/Certification: _____ Fire Stops at Floor levels installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Floor Support Manufacturer: _____ Radiation Shield Required: <input type="checkbox"/> Yes <input type="checkbox"/> No Locations: _____ Manufacturer: _____ Clearance to Combustibles Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Height Met: <input type="checkbox"/> Yes <input type="checkbox"/> No Flashing/Cap and Rain Collar Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Manufacturer: _____ Above Installations Comply with Current NBC, CSA B365, and Manufacturers Requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Installers Declaration	Undersigned installer confirms that the above information is accurate and the equipment is: <input type="checkbox"/> Certified for its intended use, suitable for the installation, installed as per the manufacturers instructions. <input type="checkbox"/> Copies of all appliance and venting system installation manuals have been left on site and available. <input type="checkbox"/> All components of an installation that cannot be visually inspected must be assured by photographic evidence or by letter from the installer.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Print Name _____ Signature _____ Date _____	