



# SOLID FUEL BURNING INSPECTION REQUEST FORM

To be completed & submitted by the installer before inspection

Permit #:		Date Issued:		* Inspection Request Date:	
Municipal Address:				* Next date available if no date specified	
Required Installation Pictures Attached:				Chimney chase support & Clearance measurements <input type="checkbox"/>	
Attic Insulation Shield w/ Collar and Clearance Measurements				Roofing Penetration w/ Clearance Measurements <input type="checkbox"/>	
Thimble Framing w/Clearance Measurements		Listing Plate <input type="checkbox"/>		Roof/Floor Supports w/Clearance Measurements <input type="checkbox"/>	
Appliance Information:	Type	Wood Stove <input type="checkbox"/>	Wood Furnace <input type="checkbox"/>	Wood Pellet Stove <input type="checkbox"/>	New <input type="checkbox"/> or Used <input type="checkbox"/>
		Fireplace <input type="checkbox"/>	Add on <input type="checkbox"/>		
	Rating Plate	Testing Agency:		Approved for Mobile Home Use: Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>	
		EPA Certified <input type="checkbox"/> or equivalent <input type="checkbox"/>			
	Manufacturer:	Model:			
Serial Number:		Manufacturing Date:			
Appliance Requirements:	Location	Basement <input type="checkbox"/>	Main Floor <input type="checkbox"/>	2nd Floor <input type="checkbox"/>	3rd Floor <input type="checkbox"/>
	Installation Orientation	Wall <input type="checkbox"/>		Corner <input type="checkbox"/>	Alcove <input type="checkbox"/>
	Clearance to Combustibles	Min. Required		Actual Measurement	
		Front:			
		Back:			
		Sides:			
		Corner:			
		Top:			
	Mobile Home Only	Is appliance Secured to floor:			Y <input type="checkbox"/> N <input type="checkbox"/>
		Manufacturers requirements met:			Y <input type="checkbox"/> N <input type="checkbox"/>
	Shop/Garage Only	Is Appliance Protected from vehicular contact:			Y <input type="checkbox"/> N <input type="checkbox"/>
		Is Fire Box at least 18" from floor:			Y <input type="checkbox"/> N <input type="checkbox"/>
	Heat Shielding Required:				Y <input type="checkbox"/> N <input type="checkbox"/>
	Heat Shield Certified:	Manufacturer:			
		*OR*			
		Does Heat Shield meet the conditions of CSA B365 Clause 6.4.8:			Y <input type="checkbox"/> N <input type="checkbox"/>
	Radiant Heat Floor Protection Required:				Y <input type="checkbox"/> N <input type="checkbox"/>
		Hearth/Floor Protection Size:	Length:	Width:	
		Distance in Front of Fire Box:			
		Distance from:	Sides:	Rear:	
	Materials Used:				
Combustion Air installed directly to Appliance w/non combustible material:				Y <input type="checkbox"/> N <input type="checkbox"/>	
Does the above installation comply with CSA B365 and Manufacturers Requirements:				Y <input type="checkbox"/> N <input type="checkbox"/>	
Flue Pipe Information & Requirements	Flue Pipe:	Single Wall <input type="checkbox"/>	Double Wall <input type="checkbox"/>	Size:	
		Manufacturer:		Model:	Certification:
	Clearance to Combustibles:	Min. Required		Actual Measurement	
		Wall:			
		Ceiling:			
	Heat Shielding Required:				Y <input type="checkbox"/> N <input type="checkbox"/>
	Heat Shield Certified:	Manufacturer:			
	*OR*				
	Does Heat Shield meet the conditions of CSA B365 Clause 6.4.8:			Y <input type="checkbox"/> N <input type="checkbox"/>	
Chimney Information & Requirements	Chimney:	Manufacturer:			
		Model:			
		Size:			
		Certification:			
		Min. combustibles clearance required:			
		Clearance to combustibles provided:			
	Chimney Layout:	Wall Exit <input type="checkbox"/> **	Roof Exit <input type="checkbox"/>		
	** New built homes require wall exit chimneys to be enclosed within building envelope				
	Does chimney pass through occupied space:				Y <input type="checkbox"/> N <input type="checkbox"/>
		↳ is radiation tube shielding required:			Y <input type="checkbox"/> N <input type="checkbox"/>
		↳ is radiation tube shielding installed:			Y <input type="checkbox"/> N <input type="checkbox"/>
		↳ is chimney protected from mechanical damage:			Y <input type="checkbox"/> N <input type="checkbox"/>
Ceiling Support distance below ceiling met:				Y <input type="checkbox"/> N <input type="checkbox"/>	
Attic Shield with collar installed:				Y <input type="checkbox"/> N <input type="checkbox"/>	
Insulated Wall Thimble: Manufacturer/Certification:					
Height above roof:	at penetration:				
	at 10' towards top of slope:		** See Drawing		

	Rain Cap installed:		Y <input type="checkbox"/>	N <input type="checkbox"/>
	Roof Flashing/Collar installed:	Manufacturer:	Y <input type="checkbox"/>	N <input type="checkbox"/>

Installers Declaration	<b>Undersigned Installer confirms that the above information is accurate and the equipment is:</b>		
	<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"/> Required photographs have been provided		
	<input type="checkbox"/> Installed in conformance with CSA B365 Current edition		
	Print Name	Signature	Date

**\*\* Min 3' above roof penetration, and 2' above roof within 10'**

