

4210-4th Avenue
 Whitehorse, YT
 Y1A 1C2
 P: (867) 668-8340
 F: (867) 668-8395
adminbuilding@whitehorse.ca

Solid Fuel Burning Installation Checklist

To be completed & submitted by the installer before inspection

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

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

	Owner Information:	Installer Information:	
	Owner's Name: _____ Address: <u>Same as Above</u> _____ _____ City: _____ Postal Code: _____ Contact #s: Home Cell _____	Installer's Name: _____ Company Name: _____ Address: _____ Contact #s: _____ E-mail: _____	Installation Accepted <small>Internal use only</small>
Solid Fuel Appliance Information	Type: Wood Stove: Pellet Stove: Wood Burning Furnace: Wood Boiler: Add-On Furnace Fireplace: Other (specify): _____ Rating Plate: Testing Agency: _____ Approved for Mobile Home: Yes No; EPA Certified: Yes No Manufacturer: _____ Model: _____ Serial #: _____ Manufacturing Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solid Fuel Appliance Requirements	Location: Basement: 1 st Floor: 2 nd Floor: 3 rd Floor: - Wall: Corner: Alcove: Garage: Vent Exit: New Building Construction only Thru: Roof; Existing Buildings May Exit Thru: Wall Roof Garage Install: Protected From Mechanical Damage: Yes No; Lowest Air intake 18" above Floor: Yes No Required Clearance to Combustibles: Front: _____ Back: _____ Sides: _____ Corners: _____ Actual Clearance to Combustibles: Front: _____ Back: _____ Sides: _____ Corners: _____ Heat Shielding Required: Yes No Type of Floor Required: Non-Combustible: Combustible; Radiant Floor Protection Required: Yes No Hearth / Floor Protector Size: Length: _____ Width: _____ Materials used: _____ Combustion Air Installed: Yes No; CO Alarms installed: Yes No; Smoke Alarms installed: Yes No Installation Complies with Current NBC, CSA B365, Fire Prevention Act & Manufacturers Requirements: Yes No Flue Pipe Size: _____; Flue Pipe: Single wall: Double Wall Manufacturer: _____	<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
Flue Pipe Information & Requirements	Req'd Clearance to Combustibles: Wall: _____ Ceiling: _____; Actual Clearance to Combustibles: Wall: _____ Ceiling: _____ Shielding Required: Yes No; Joints Mechanically Secured: Yes No; Flue Pipe Supported: Yes No Installation Complies with Current NBC, CSA B365, and Manufacturers Requirements: Yes 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
Chimney Information & Requirements	Type: New Chimney: Existing Chimney: S629: Masonry: Liner: Other: _____ Existing Chimney Okay for Use: Yes No Manufacturer is the same for all components of the chimney installation: Yes No; Manufacturer: _____ Chimney Size: _____; Ceiling Support Distance Below Ceiling Met: Yes No Attic Shield Installed with Collar: Yes No; Fire Stops at Floor levels Installed where required: Yes No Radiation Shield Required: Yes No; Clearance to Combustibles Met: Yes No Chimney Height/Bracing Correct: Yes No; Flashing/Cap and Rain Collar Installed: Yes No Installation Complies with Current NBC, CSA B365, and Manufacturers Requirements: Yes 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
Installers Declaration	Undersigned installer confirms that the above information is accurate and the equipment is: Certified for its intended use, suitable for the installation, installed as per the manufacturers instructions. Copies of all appliance and venting system installation manuals have been left on site and available. _____ Print Name Signature Date		