



# SOLID FUEL BURNING INSPECTION REQUEST FORM

To be completed & submitted by the installer before inspection

<b>Permit #:</b>		<b>Date Issued:</b>		<b>* Inspection Request Date:</b>		
<b>Municipal Address:</b>				<i>* Next date available if no date specified</i>		
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"/>		
<b>Appliance Information:</b>	<b>Type</b>		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"/>		
	<b>Rating Plate</b>		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"/>			
	<b>Manufacturer:</b>		<b>Model:</b>			
<b>Serial Number:</b>		<b>Manufacturing Date:</b>				
<b>Appliance Requirements:</b>	<b>Location</b>		Basement <input type="checkbox"/>	Main Floor <input type="checkbox"/>	2nd Floor <input type="checkbox"/>	3rd Floor <input type="checkbox"/>
	<b>Installation Orientation</b>		Wall <input type="checkbox"/>	Corner <input type="checkbox"/>	Alcove <input type="checkbox"/>	
	<b>Clearance to Combustibles</b>		<b>Min. Required</b>		<b>Actual Measurement</b>	
			Front:			
			Back:			
			Sides:			
			Corner:			
			Top:			
	<b>Mobile Home Only</b>		Is appliance Secured to floor:		Y <input type="checkbox"/> N <input type="checkbox"/>	
			Manufacturers requirements met:		Y <input type="checkbox"/> N <input type="checkbox"/>	
	<b>Shop/Garage Only</b>		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"/>	
	<b>Heat Shielding Required:</b>		Y <input type="checkbox"/> N <input type="checkbox"/>			
	<b>Heat Shield Certified:</b>		Manufacturer:			
			<i>* OR *</i>			
		Does Heat Shield meet the conditions of CSA B365 Clause 6.4.8:		Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Radiant Heat Floor Protection Required:</b>		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:				
<b>Combustion Air installed directly to Appliance w/non combustible material:</b>		Y <input type="checkbox"/> N <input type="checkbox"/>				
<b>Does the above installation comply with CSA B365 and Manufacturers Requirements:</b>		Y <input type="checkbox"/> N <input type="checkbox"/>				
<b>Flue Pipe Information &amp; Requirements</b>	<b>Flue Pipe:</b>		Single Wall <input type="checkbox"/>	Double Wall <input type="checkbox"/>	Size:	
			Manufacturer:		Model:	Certification:
	<b>Clearance to Combustibles:</b>		<b>Min. Required</b>		<b>Actual Measurement</b>	
			Wall:			
			Ceiling:			
<b>Heat Shielding Required:</b>		Y <input type="checkbox"/> N <input type="checkbox"/>				
<b>Heat Shield Certified:</b>		Manufacturer:				
		<i>* OR *</i>				
		Does Heat Shield meet the conditions of CSA B365 Clause 6.4.8:		Y <input type="checkbox"/> N <input type="checkbox"/>		
<b>Chimney Information &amp; Requirements</b>	<b>Chimney:</b>		Manufacturer:			
			Model:			
			Size:			
			Certification:			
			Min. combustibles clearance required:			
			Clearance to combustibles provided:			
	<b>Chimney Layout:</b>		Wall Exit <input type="checkbox"/> **	Roof Exit <input type="checkbox"/>		
	<i>** New built homes require wall exit chimneys to be enclosed within building envelope</i>					
	<b>Does chimney pass through occupied space:</b>		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"/>		
<b>Ceiling Support distance below ceiling met:</b>		Y <input type="checkbox"/> N <input type="checkbox"/>				
<b>Attic Shield with collar installed:</b>		Y <input type="checkbox"/> N <input type="checkbox"/>				
<b>Insulated Wall Thimble: Manufacturer/Certification:</b>						
<b>Height above roof:</b>		at penetration:				
		at 10' towards top of slope:		<i>** See Drawing</i>		

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

Smoke/CO Detector Requirements	<b>Smoke/CO Detector required in the same room as solid fuel burning appliance.</b>	
	<input type="checkbox"/>	Smoke/CO Detectors on each floor within 5 meters of bedrooms
	<input type="checkbox"/>	Smoke/CO Detectors electrically powered w/battery backup
	<input type="checkbox"/>	Smoke/CO Detectors communicate via hardwire or wirelessly

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'**

