# Oil Burning Equipment Form

**City of Yellowknife**

**Oil Burning Equipment Form**

For **INFORMATION**, please call: *(867)920-5600*

Email: InspectionsDivision@yellowknife.ca

Mail: PO Box 580, Yellowknife, NT X1A 2N4

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**Please complete the Permit number:**

**PR-**

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## Project Address:

<table>
<thead>
<tr>
<th>Installer:</th>
<th>Phone:</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(      )         -</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Requirements of CSA B139-09
  Have been met
- [ ] Requirements of 2015 National Building Code have been met
- [ ] Manufacturer’s Installation Manual has been followed
- [ ] Part 9 – Residential Building
- [ ] Part 9 – Other Building
- [ ] Part 3 – Building

## Appliance Information

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Serial Number</th>
<th>Manufacture Date</th>
</tr>
</thead>
</table>

## Venting Information

<table>
<thead>
<tr>
<th>Make</th>
<th>Model</th>
<th>Type</th>
</tr>
</thead>
</table>

## Declaration of Installer

I, certify that this installation conforms with the provided Manufacturer's Installation Manual, 2015 National Building Code and CAN/CSA B139-09 to the best of my knowledge.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Signature:</th>
<th>Date:</th>
</tr>
</thead>
</table>