



City of Yellowknife Oil Burning Equipment Form

Please complete the Permit number:

PR- -

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

Email: BuildingServices@yellowknife.ca

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

Project Address:

Installer:	Phone: () -	Email:
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<input type="checkbox"/> Requirements of CSA B139-09 Have been met	<input type="checkbox"/> Requirements of 2015 National Building Code have been met	<input type="checkbox"/> Manufacturer's Installation Manual has been followed
<input type="checkbox"/> Part 9 – Residential Building	<input type="checkbox"/> Part 9 – Other Building	<input type="checkbox"/> Part 3 – Building

Appliance Information	
Make	
Model	
Serial Number	
Manufacture Date	

Venting Information		
	ULC Standard	
Make		
Model		
Type		

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.		
Name:	Signature:	Date: