



# City of Yellowknife

## Part 9 Buildings – Ventilation Compliance 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"/> Part 9 – Residential Building	<input type="checkbox"/> Part 9 – Other Building
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### System Design Method

<input type="checkbox"/> 2020 National Building Code, Section 9.32.	<input type="checkbox"/> CAN/CSA-F326-M91 (R2014)
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### Appliance Information

Make	
Model	
Serial Number	
CFM	

### Declaration of Installer

I, certify that this installation conforms with the provided Manufacturer's Installation Manual, 2020 National Building Code and/or CAN/CSA F326-M91 to the best of my knowledge.

Name:	Signature:	Date:
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