



City of Yellowknife

Part 9 Buildings – Solid Fuel Appliance and 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:

<input type="checkbox"/> Requirements of CSA B365-10 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	

Appliance Information			
Appliance type	<input type="checkbox"/> Pellet	<input type="checkbox"/> Wood	
	<input type="checkbox"/> Stove	<input type="checkbox"/> Furnace	<input type="checkbox"/> Boiler
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 B365-10 to the best of my knowledge.		
Name:	Signature:	Date: dd/mm/yyyy