



City of Yellowknife

SOLID FUEL APPLIANCE AND EQUIPMENT

Installation Checklist

Please complete the Permit number:

PR - 20__ -

For **GENERAL INFORMATION**, please call: 867-920-5600

Email: permits@yellowknife.ca in a PDF format.

For **TECHNICAL INFORMATION** please call: 867-920-5629

Delivered to: City Hall, 4807-52 Street

Mailed to: City of Yellowknife, PO Box 580, Yellowknife, NT, X1A 2N4

I. GENERAL INFORMATION		Preferred Communication			
Owner: _____	_____	Email: _____		_____	
Contractor: _____	_____	Email: _____		_____	
Business License:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
II. PROJECT INFORMATION					
Project Municipal Address: _____					
Legal Description - Lot: _____		Block: _____		Plan: _____	
III. APPLIANCE AND INSTALLATION INFORMATION					
Pellet/wood stove:	<input type="checkbox"/>	Pellet/wood furnace:	<input type="checkbox"/>	Pellet/wood boiler:	<input type="checkbox"/>
Manufacturer/Model/Serial# : _____					
CAN/CSA B365-10 ITEM	CLAUSE	YES	NO	N/A	
1. Appliances, accessories, components and equipment meet the standards specified in:	4.1				
2. Manufacturer's instructions are different than B365-10 and take precedence over it:	4.2.1				
3. Appliance and equipment are approved for a mobile installation:	4.2.2				
4. The installation provides access for visual inspection and maintenance.	4.6				
5. Spillage detection and alarm system is installed and conforms to:	5.1.4 and NBC 2010				
6. Combustion air duct from outdoors is connected directly to the air inlet of the appliance that is certified for the connection:	5.2				
7. If a furnace or boiler is installed in a confined space, ventilation air is supplied and comply to:	5.3				
8. The chimney/venting system complies to:	6.2				
9. Flue pipe does not pass through an attic, roof space, closet, or similar concealed space or a floor or ceiling of combustible construction:	6.4.5				
10. Termination of appliances certified for sidewall venting conform to:	6.6				
11. An automatic fuel-feeding device controls conform to:	7.2				
12. The floor protection conforms to:	8.1				
13. The clearances conform to manufacturer's specifications or conforms to:	8.2.				
14. The safety and operating controls function within the limits specified by the manufacturer:	10.2.5				
15. A solid-fuel-burning add-on conforms to:	11				
16. Storage of wood or pellet fuel conform to City By-laws and NBC 2010 in addition to:	Annex A.2				
IV. DECLARATION OF INSTALLER (Professionally Certified Installed)					
I, the Installer, certify the information submitted in this CHECKLIST is true and conforms with CAN/CSA B365-10, NBC 2010, FM-065-2008 and By-law No. 4469 to the best of my knowledge. I also certify I provided the owner with a copy of of manufacturer's instructions supplied with the appliance.					
Installer's Name: _____			WETT Certification: _____		
Installer's Signature: _____			Date: _____		
V. DECLARATION OF INSTALLER (Home Owner installed)					
I, the owner of this installation certify that the information submitted in this CHECKLIST is true and conforms with CAN/CSA B365-10, NBC 2010, FM-065-2008 and By-law No. 4469 to the best of my knowledge.					
Owner's Signature: _____			Date: _____		