



City of Yellowknife

OIL BURNING EQUIPMENT

Installation Checklist

Please complete the Permit number:

PR - 20__ -

(This checklist applies to the installation of appliances, equipment, components and accessories where oil is used.
Applications include: space heating; service water heating; power generation; and process application)

For GENERAL INFORMATION, please call: 867-920-5600
For TECHNICAL INFORMATION please call: 867-920-5629

Email: permits@yellowknife.ca in a PDF format.
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"/> <input type="checkbox"/>		

II. PROJECT INFORMATION

Project Municipal Address: _____

Legal Description - Lot: _____ Block: _____ Plan: _____

III. APPLIANCE AND INSTALLATION INFORMATION

Type of Appliance: _____

Manufacturer: _____ Serial number: _____

CAN/CSA B139-09 ITEM	CLAUSE	YES	NO	N/A
1. Suitability of equipment and chimney conforms to:	4.5			
2. Accessibility for maintenance conforms to:	4.6			
3. Fuel oil filters conform to:	4.10			
4. Emergency shut off devices conforms to:	4.12			
6. Venting and air supply conform to:	5.1			
7. Venting of products of combustion conforms to:	5.2			
8. Location of the appliance to ensure proper combustion conforms to:	5.4.1.			
9. Performed tests and observations conform to:	6.1			
5. Tank fill pipes, openings and fittings conform to:	7.8			
10. Piping and tubing conform to:	9.3			
11. Joints and connections conform to:	9.3.4			
12. Shut-off valve conforms to:	9.4.1			
13. Customer was instructed to perform regular maintenance as per:	15.2			
14. Forced air furnace installation conforms to:	15.3			
15. Hydronic boiler installation conforms to:	15.4			

IV. DECLARATION OF INSTALLER

I, certify that the information submitted in this CHECKLIST is true and conforms with provided Manufacturer's Installation Manual, CAN/CSA B139-09, NBC 2010 and By-law No. 4469 to the best of my knowledge.

Installer's Signature: _____ Date: _____