



Solid Fuel Appliance Application

1 Applicant Information

Date (mm/dd/yyyy)	Permit application number
Property address	
Property owner name	Property owner address
City	Postal code
Phone	Alternate phone

2 Contractor Information


Contractor name	Contractor address
City	Postal code
Phone	Alternate phone

3 Appliance Details

Solid fuel appliance value \$	<input type="checkbox"/> New <input type="checkbox"/> Used			
Type	Make			
Model	Serial number			
Standard number	<input type="checkbox"/> CSA <input type="checkbox"/> ULC <input type="checkbox"/> Warnock Hersey			
Make-up air / Combustion air location	<input type="checkbox"/> Built into unit <input type="checkbox"/> Beside unit <input type="checkbox"/> Passive			
Appliance location	Storey	Room	Wall	Corner

Notes

- Floor plan required.
- Appliance, chimney, and construction to comply with the BC Building Code.
- Installation instructions for the unit must be on site at time of inspections.
- All work must be carried out by qualified personnel in this field.

see next 

4 Chimney Details

All existing chimneys must be inspected and approved by a Township of Langley Building Inspector prior to a permit being issued to install an appliance. An inspection fee applies and must be paid prior to the inspection.

A Chimney Sweep Report is required for all existing chimneys and must be provided at time of inspection. The report is available online at tol.ca and must be completed by a WETT Certified Chimney Sweep.

Metal

<input type="checkbox"/> New	Make	Model number	Size	Chimney value \$
<input type="checkbox"/> Existing (pre-permit inspection required)				

Masonry

<input type="checkbox"/> New (Building Permit required)	Floor plan to be submitted with permit application	Flue size	Fireplace and chimney value \$
<input type="checkbox"/> Existing (pre-permit inspection required)	Flue size		

5 Signatures

I hereby confirm that the information supplied in support of this application is true and correct.

Applicant/Owner/Agent signature

Company name

Applicant/Owner/Agent printed name

Phone number

Office use only

Copy of manufacturer's specifications (owner's manual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inspection of existing chimney scheduled for (mm/dd/yyyy)		
Pre-permit inspection fee of existing chimney paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Floor plan provided for new masonry chimney	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dwelling presently under construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No