



BUILDING INSPECTION DEPARTMENT

P.O. Box 40, 450 – 2 Avenue NE
Salmon Arm, BC, V1E 4N2
Phone: (250) 803-4003 Fax: (250) 803-4041

CHIMNEY / SOLID FUEL APPLIANCE PERMIT APPLICATION

APPLICATION DATE _____ PERMIT No. _____

CIVIC ADDRESS OF CONSTRUCTION _____

PROJECT NAME / OWNER _____

LEGAL DESCRIPTION: Lot _____ Block _____ Plan _____ Sec _____ Twp _____ Rge _____

ZONING _____ ROLL No. _____ VALUE OF CHIMNEY/APPLIANCE \$ _____

APPLIANCE TYPE _____

APPLIANCE MANUFACTURER _____

MODEL _____ SERIAL NUMBER _____

FLUE PIPE TYPE _____ CHIMNEY TYPE _____

CHIMNEY MANUFACTURER'S INSTALLATION INSTRUCTIONS PROVIDED? YES NO

(No inspection of Chimney can be done until Manufacturer's instructions have been received)

• NAME OF OWNER _____ Phone _____

Mailing Address _____

• NAME OF BUILDER / INSTALLER _____ Phone _____

Mailing Address _____ BUSINESS LICENCE # _____

IN CONSIDERATION OF THE GRANTING OF THIS PERMIT, I/WE AGREE TO RELEASE AND INDEMNIFY THE DISTRICT OF SALMON ARM, ITS COUNCIL/BOARD MEMBERS, EMPLOYEES AND AGENTS FROM AND AGAINST ALL LIABILITY, DEMANDS, CLAIMS, CAUSES OF ACTION, SUITS, JUDGEMENTS, LOSSES, DAMAGES, COSTS AND EXPENSES OF WHATEVER KIND WHICH I/WE OR ANY OTHER PERSON, PARTNERSHIP OR CORPORATION OR OUR RESPECTIVE HEIRS, SUCCESSORS, ADMINISTRATORS OR ASSIGNEES MAY HAVE OR INCUR IN CONSEQUENCE OF OR INCIDENTAL TO THE GRANTING OF THIS PERMIT OR ANY REPRESENTATION, ADVICE, INSPECTION, FAILURE TO INSPECT, CERTIFICATION, APPROVAL, ENFORCEMENT OR FAILURE TO ENFORCE THE CITY OF SALMON ARM BUILDING BYLAW OR THE BRITISH COLUMBIA BUILDING CODE AND I/WE AGREE THAT THE CITY OF SALMON ARM OWES ME/US NO DUTY OF CARE IN RESPECT OF THESE MATTERS.

I HAVE READ THE ABOVE AGREEMENT, RELEASE AND INDEMNITY, AND UNDERSTAND IT.

WITNESS TO OWNER'S SIGNATURE

SIGNATURE - OWNER

SIGNATURE - AGENT / CONSTRUCTOR / CONTRACTOR
(PLEASE CIRCLE)

NON-REFUNDABLE APPLICATION FEE OF \$51.00 PAID:
DATE STAMPED:

NOTE: if only installing a chimney at this time, another permit will be required to install a solid fuel appliance at a later date.

(over)

Information contained in this form may be subject to *Freedom of Information and Protection of Privacy Act* inquiries

BUILDING INSPECTION DEPARTMENT

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SOLID FUEL APPLIANCES - FIELD INSPECTION REPORT

PERMIT #: _____ **NAME:** _____

LOCATION: _____

1. Appliance Type: _____ Installed in: _____

2. Appliance Manufacturer: _____

3. Model: _____ Serial #: _____

4. Certification: CSA _____ WHI _____ ULC _____ Not Certified _____

5. Clearances Required: Front: _____ Rear: _____ R. Side: _____ L. Side: _____ Corner: _____

Clearances Provided: Front _____ Rear: _____ R. Side: _____ L. Side: _____ Corner: _____

6. Wall Protection: Type: _____ Sides: _____ Rear: _____

7. Hearth/Floor Protection: Type: _____

Projection: Front: _____ Side: _____ Side: _____ Rear: _____

8. Flue Pipe: Type: _____ Clearances: _____ Protection: _____

9. Thimble: Clearances: _____ Connection: _____

10. Chimney: Type: _____ Clearances: _____ Protection: _____

Cleanout: _____ Height: _____ Cap: _____

11. Solid Fuel Furnace: Plenum Clearances: _____

12. Outside Combustion Air: _____

REMARKS: _____

Date:	Inspector:
Rejected:	Inspection #:
For Items:	Finalized:
Recall Required:	