



TOWN OF SIDNEY

2440 Sidney Avenue, Sidney, BC, V8L 1Y7
Telephone No. 250-656-1725; Fax No. 250-655-4508

SOLID FUEL BURNING APPLIANCE INSTALLERS DECLARATION

Please print legibly. Installer must complete this declaration and make it available on site prior to calling for site inspections of appliance or chimney.

Date: _____

Civic Address: _____

Building Permit #: _____

Please note this declaration must include the installer's WETT certification #, CSA/ ULC # of appliance and the condition and acceptability of the existing chimney, chimney liner and appliance installed.

CONTRACTOR / INSTALLER INFORMATION

Installed by _____ of _____
(Name of individual) (Company name)

Company Address: _____

Telephone: Business _____ Other _____ Fax _____

WETT Certificate #: _____

Type of Appliance: _____

Make and Model: _____

CSA / ULC #: _____ Location: _____

Chimney Type: _____

Existing Chimney Condition: _____

I declare the above solid fuel appliance / chimney was installed in accordance with the manufacturers specifications and all applicable Codes and Regulations.

(Signature of Installer)