



DISTRICT OF KITIMAT

BUILDING INSPECTION DEPARTMENT
Ph. 250-632-8900 Fax: 250-632-4995

Application for Solid Fuel Burning Appliance Permit Permit Fee: \$50.00

Owner Information:

Name of Owner(s): _____

Phone: _____ Email: _____

Property Information:

Civic Address of Property: _____

Contractor: _____

Unit Specifications:

Manufacturer's Name: _____

Model: _____

Required Clearances: Top: _____ Front: _____ Sides: _____ Rear: _____

Testing Agency: _____

Chimney Requirements and Specifications:

Manufacturer's Name: _____

Height: _____ Model: _____ Size: _____

Special Conditions: _____

NOTE: A copy of the installation instructions and diagram for the appliance must be submitted to Kitimat Building Department prior to permit issuance.

Declaration:

I/We hereby agree to indemnify and save harmless the District of Kitimat and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the District of Kitimat and its employees in consequence of and incidental to, the granting of this permit, if issued, and I further agree to conform to all requirements of the *Kitimat Municipal Code*.

Signature of Owner/Authorized Agent: _____

Printed Name: _____ Date: _____

For Office Use Only:

Building Permit #: _____

Inspection Date: _____ Approved: Yes No

Deficiency: _____

Re-Inspection Required: _____ Approved: Yes No