

☐ Yes ☐ No

## Solid Fuel Burning Application Information Supplement

**Permit Number:** 

10001 – 84 <sup>th</sup> Avenue, Clairmont, AB T8X 5B2 Phone: 780.513.3950   Fax: 780.539.7686 plan@countygp.ab.ca	Roll Number:
The following information is to accompany the <b>B</b> burning applications, including wood and coal.	uilding Permit Application. This form is to be filled out for all solid fuel
Type of Appliance	
Fireplace Insert	Fireplace Pellet Stove Other
Chimney	
□ New	☐ Used (Application cannot be accepted)
Appliance Specification	
Melia	
Make:	
Model:	
The Appliance is:	
☐ New ☐ Used	
If used, is there a new certification label listing clearances?	
□ New □ No – Application cannot be accepted	
Are manufacturer's instructions available?	
	ication or ensure that a copy is available for the inspector upon
□ No	
Is the appliance ULC or Warnock Hershey	Approved?
☐ Yes ☐ No	
Will Combustion Air be supplied?	
☐ Ducted to the unit directly ☐ Other (please explain	
Appliance will be installed	
☐ In a home ☐ In mobile home ☐ Other	
If installed in a mobile home is the appliance certified for installation in mobile home	