

FORM G

Application for Solid Fuel Burning Appliance Permit

Owner's Information:

Owner Name: (please print)	Owner's Address:
Owner Phone Number:	Fax:
Owner's Email Address:	

Applicant's Information:

Owner Name: (please print)	Owner's Address:
Owner Phone Number:	Fax:
Owner's Email Address:	

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 City Hall prior to permit issuance.

Declaration:

I/We HEREBY AGREE to indemnify and save harmless the City of Fort St. John and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City 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 applicable bylaw and all other statutes and bylaws in force in the City of Fort St. John.

Signature of Owner/ Agent: _____

Printed Name: _____ Date: _____

For Office Use Only:

Legal Description: Lot Bk Plan	Roll Number	Permit Fee: \$60.00
SFBA Permit Approved by:	Date Approved:	SFBA Permit No.: