



District of Barriere

P.O. Box 219, 4936 Barriere Town Road
Barriere BC V0E 1E0

Phone: (250) 214-3508 • District Office: (250) 672-9751 • Fax: (250) 672-9708
Website: www.barriere.ca • Email: inspection@barriere.ca

SOLID FUEL APPLICATION

Please refer to the brochure "A Guide to Building Permits" for information on documentation required to accompany this application.

Address of Construction:		
Legal Description:		
Registered Owner:		
Registered Owner's Address:		
City:	Postal Code:	Contact Phone:
Contractor:		
Contractor's Address:		
City:	Postal Code:	Contact Phone:
Type of Appliance:	<input type="checkbox"/> Wood Stove <input type="checkbox"/> Pellet Stove <input type="checkbox"/> Other: _____	
Appliance Manufacturer:	Model:	
Is this appliance:	<input type="checkbox"/> New <input type="checkbox"/> Existing	Is the chimney:
		<input type="checkbox"/> New <input type="checkbox"/> Existing
Type of Chimney:	<input type="checkbox"/> Masonry <input type="checkbox"/> Stainless Steel	Chimney Manufacturer:
Fireplace Opening: _____ mm X _____ mm	Chimney Height m:	
Flue Size: _____ mm X _____ mm or _____ m ²	Flue Shape: <input type="checkbox"/> Round <input type="checkbox"/> Rectangular	
Insert Serial #	Testing Agency:	Location in Building:

I, the owner of the property which is the subject of this Application, or the agent of the owner of the property which is the subject of this Application, understand and agree that the owner of the property is fully responsible for carrying out, or causing to be carried out, all work which is contemplated under this Permit, if issued, to ensure compliance with the Building Code, all applicable Bylaws of the District of Barriere and other applicable enactments. In consideration of the granting of this Permit, if issued, I, the owner of the property which is the subject of this Application, or the agent of the owner of the property which is the subject of this Application, agree to indemnify and save the District of Barriere harmless from any action or cost whatsoever arising out of or incidental to the granting of this Permit.

I have read and understand all requirements of this application.

Applicant's Name (please print):	Contact Phone:
Applicant's Signature:	Date:

For Office Use Only:

Folder No:	Application Fee:	
Application Acceptance Date:	Surcharge:	Surcharge refund payable to:
Permit Expiry Date:	Permit Fee:	