

SOLID FUEL BURNING APPLIANCE INFORMATION SHEET

REQUIREMENTS:

1. Complete the information sheet and indicate location and setback measurements on drawing;
2. Please include any “spec” drawings and installation manual;
3. Building permit application to be completed, along with applicable fees;
4. Inspection by Safety Codes Officer.



Town of Strathmore

680 Westchester Road
 Strathmore, AB T1P 1J1
 e-mail: development@strathmore.ca
 Phone: 403-934-3133 Fax: 403-934-4713

Permit Label

BUILDING PERMIT APPLICATION

To be completed by Town Staff	Development fee		
Development Permit #	Calgary Growth Charge		
Building Permit #	Water meter fee		
Date:	Building Permit fee		
Date of receipt of complete application	Safety Codes Council fee		
	Total payable		

To be completed by Owner or applicant			
Project Civic Address			
Legal Address Lot		Block	Plan
Construction Value \$		Area (Ft ² or m ²)	
TYPE OF PROJECT (check applicable box)			
<input type="checkbox"/> Residential New Single Family Dwelling		<input type="checkbox"/> Single Family Addition	<input type="checkbox"/> Single Family Renovation
<input type="checkbox"/> Residential Semi-Detached / Duplex Dwelling(s)		<input type="checkbox"/> Basement Development	<input type="checkbox"/> Deck
<input type="checkbox"/> Residential Manufactured / Modular Home		<input type="checkbox"/> Shed	<input type="checkbox"/> Detached Garage
<input type="checkbox"/> Residential Multi-family _____ # of dwelling units		<input type="checkbox"/> Hot Tub	<input type="checkbox"/> Wood Burning Appliance
<input type="checkbox"/> Commercial A. <input type="checkbox"/> New building <input type="checkbox"/> Renovation B. <input type="checkbox"/> Office/Personal Service <input type="checkbox"/> Retail <input type="checkbox"/> Assembly (restaurant/drinking)			
<input type="checkbox"/> Industrial A. <input type="checkbox"/> New Building <input type="checkbox"/> Renovation B. <input type="checkbox"/> F3 Light Hazard <input type="checkbox"/> F2 Medium Hazard			
<input type="checkbox"/> Other (if not listed above): describe project			

Estimated start date of construction:	
Estimated completion date of construction:	

OWNER NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

CONTRACTOR NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

APPLICANT NAME:		
Address:		Phone:
City:		Cell:
Prov:	Postal Code:	Fax:
E-mail address:		

List of Contractors Responsible for the Following Disciplines (if applicable)		
HVAC	Name:	Ph #
Electrical	Name:	Ph #
Plumbing	Name:	Ph #
Gas	Name:	Ph #

I authorize the appropriate officers of the Town of Strathmore the right to access the property for the purpose of any necessary inspection in conjunction with this application. The undersigned hereby agrees to build according to the approved permits, information above, Plan Examination Report, and plans and specifications herewith submitted and agrees to comply with all Town Bylaws and Safety Code requirements.

I (print name),		hereby certify that:
	I am the owner.	
	I have been designated as the representative or agent of the owner, and I am aware that it is my responsibility to obtain all approvals from the land owner.	
I have read and understand this application in its completed form.		
SIGNATURE:		DATE:

DECISION

This Permit is valid for one year from the date of issuance. If this project is not complete within the one year time limit, an extension must be applied for or the Permit will be deemed to be expired and a new Permit will be required.

Date of issuance of Permit: _____

Safety Codes Officer: _____

Designation Number: _____

The Town of Strathmore is the Authority Having Jurisdiction and the Issuing Municipality

Protection of Privacy - The personal information requested on this form is collected under the authority of the Safety Codes Act, the Municipal Government Act and Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act. It will be used for the purpose of issuing permits, Safety Codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is public information and will be released to the public upon request. Direct any questions about this collection to the Town of Strathmore FOIP Coordinator at 403-934-3133, weekdays.

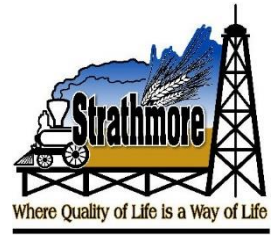


Town of Strathmore
 680 Westchester Road
 Strathmore, AB
 T1P 1J1
 403-934-3133

Solid Fuel Burning Appliance Information Sheet

(to be completed and submitted with Building Permit Application)

INSTALLATION ADDRESS							
HEATING UNIT DETAILS							
Manufacturer		Model	Year	Certification Label			
				CSA <input type="checkbox"/>	ULC <input type="checkbox"/>	W/H <input type="checkbox"/>	OTL <input type="checkbox"/>
Manufactured Home		Certification Includes Approval for Use in Manufactured Home					
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Not applicable <input type="checkbox"/>			
HEATING UNIT TYPE							
Fireplace Insert		<input type="checkbox"/>	Woodstove, Airtight			<input type="checkbox"/>	
Fireplace, Zero Clearance		<input type="checkbox"/>	Woodstove, Not Airtight			<input type="checkbox"/>	
Masonry Fireplace		<input type="checkbox"/>	Pellet Stove			<input type="checkbox"/>	
CHIMNEY							
Masonry Chimney		Metal Chimney					
Masonry		Certification Label					
Concrete		CSA <input type="checkbox"/>	ULC <input type="checkbox"/>	W/H <input type="checkbox"/>			
Other		Chimney rated for continuous flue gas temp of 650°C?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Chimney penetration to exterior				Ceiling <input type="checkbox"/> Exterior wall <input type="checkbox"/>			
MANUFACTURER'S SPECIFICATIONS AND INSTALLATION GUIDE INCLUDED							
Solid Fuel Burning Appliance		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
Chimney		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
INSTALLER							
Name							
Company name							
Address							
City, Province				Postal Code			
Phone		Fax					
E-mail							

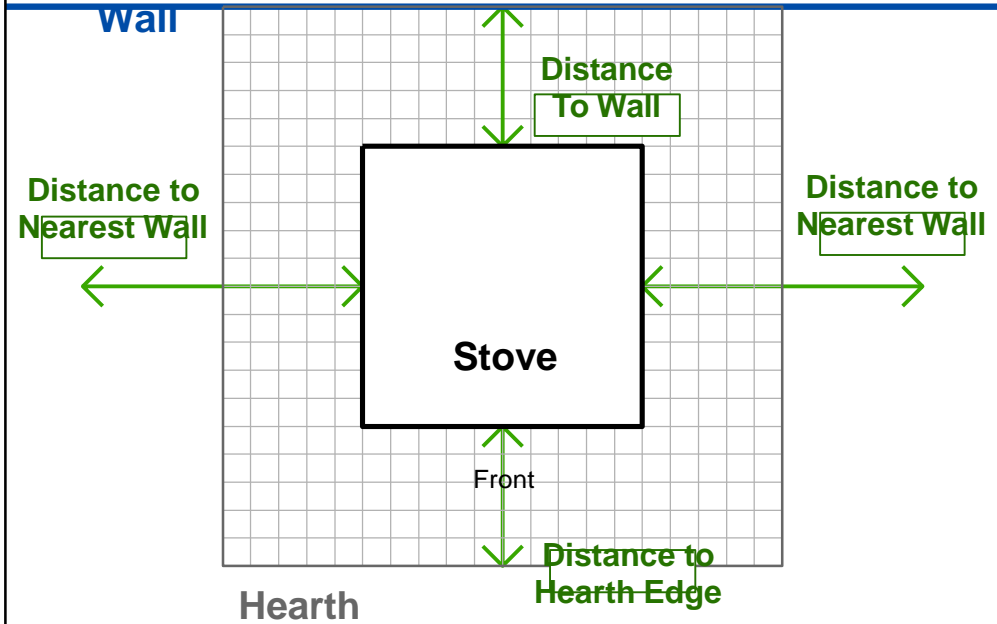


Setbacks for a Wood Burning Stove Inside a Permanent Dwelling

Location of Stove:

- Main Floor
- Basement

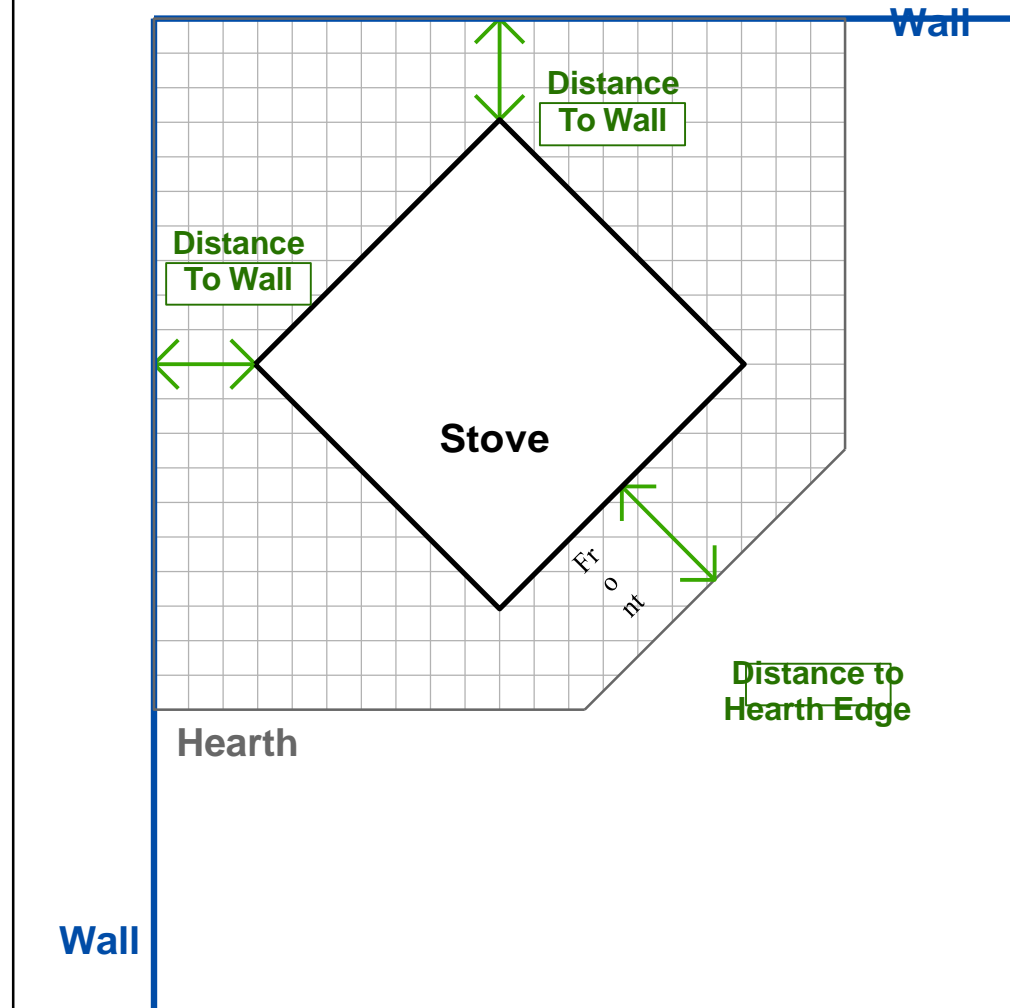
EXAMPLE 1



Location of Stove:

- Main Floor
- Basement

EXAMPLE 2



NOTE: Drawing is meant as representation only, choose the example which best describes the building requirements and fill the appropriate distances in.



TIMING FOR BUILDING INSPECTIONS



Please call Audrey or Cathy at (403) 934-3133, or email: developmen@strathmore.ca to arrange an inspection for each of the stages listed below. You may call 24 hours a day, 7 days a week, if no one is available to take your call, your message will be forwarded. **THE INSPECTION MUST BE ARRANGED 2 - 3 WORKING DAYS IN ADVANCE.** A Building Permit is valid for one year from the date of issuance.

If your project is not completed within the one year time limit, an extension must be applied for in writing to the Development Officer.

SOLID FUEL BURNING UNIT

Call when the following are complete, (only one inspection required):

Freestanding Unit:

On completion of installation.

Enclosed Unit:

Prior to completion of enclosure; and
On completion of installation.

GAS FIRE

Call when the following are complete:

Freestanding Unit:

On completion of installation.

Enclosed Unit:

Prior to completion of enclosure; and
On completion of installation.