

Municipality of West Perth Stove Inspection

Date:	Time:
Name:	Phone:
Address:	

HEATING UNIT

Make: _____	<input type="checkbox"/> Woodstove – Airtight	<input type="checkbox"/> Woodstove – Not Airtight
Model: _____	<input type="checkbox"/> Fireplace Insert	<input type="checkbox"/> Wood/Oil Combination
Age: _____	<input type="checkbox"/> Space Heater	<input type="checkbox"/> Cookstove
	<input type="checkbox"/> Pellet Stove	<input type="checkbox"/> Other: _____

1. Is the Unit Certified? Yes No ULC/CSA# _____

2. Location of Woodstove:

- | | |
|--|--|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Detached Garage |
| <input type="checkbox"/> Shed | <input type="checkbox"/> Other: _____ |

3. Is the Heating Unit - Primary Auxiliary

INSTALLATION

1. Heating unit installed by? Owner Contractor, Name _____

2. Does the stove pipe pass through a concealed wall? No. Yes, Details:

3. Shielding: Yes No

- | | | | |
|------------------------------------|---------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Brick | <input type="checkbox"/> Ceramic Tile |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Wood | <input type="checkbox"/> Drywall | <input type="checkbox"/> Concrete |
| | <input type="checkbox"/> Other: _____ | | |

4. Distance from floor to bottom of shield _____ cm inches

1. Distance from Shield to Wall _____ cm inches
2. Wall construction: _____
3. Is there an airspace at the top of the shielding? Yes No
4. Are the wall spacers noncombustible? Yes No
5. What size are the spacers? _____ cm inches

	Actual	Required
Shortest Distance of Stove to: <input type="checkbox"/> cm <input type="checkbox"/> inches	Back Wall	
	Sidewall	
	Corner	
	Ceiling	
Shortest Distance of Stove Pipe to: <input type="checkbox"/> cm <input type="checkbox"/> inches	Back Wall	
	Sidewall	
	Ceiling	
Shortest Distance from Heating Unit to Edge of Floor Pad: <input type="checkbox"/> cm <input type="checkbox"/> Inches	Front	
	Left Side	
	Right Side	
	Rear	

Diagram (side)	Diagram (top)
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6. Is there a thimble where the pipe passes through wall? Yes No
7. How many elbows? _____
8. Total length (incl. elbows): _____ cm inches
9. Is there a non-combustible pad? Yes / No
10. Shortest distance to furniture or other combustible item? _____
 cm inches

CHIMNEY

Type Masonry Stainless Steel Concrete
 Other _____ Unknown
 Chimney Liner Clay Flue Tile Stainless Steel

1. Chimney Factory Built? Yes No If so, manufacture:

2. ULC # _____ CSA# _____

3. Age: Same as heating unit Other: _____

4. Does the unit share a flue? Yes No. If yes, Provide Details,

Location of Chimney Installed	<input type="checkbox"/> Inside Building	<input type="checkbox"/> Outside Building	<input type="checkbox"/> Outside Building in Enclosed Space
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5. Interior of Chimney Inspected? Yes / No If yes, Provide Details:

6. How often is the Chimney cleaned? _____

7. When was the last time it was cleaned? _____

8. By Whom? _____

9. Clearance of Chimney to nearest combustible? cm inches

Actual	Required

OFFICE USE ONLY

1. Stove and installation meet requirements of OBC or **Manufacturer's** Specifications?
 Yes No

2. IF NO, date of notice when the owner was notified of non-compliance:

3. Date which compliance is to be met by:_____

4. Unsafe Order Issued Yes No

Building Inspector