



THE CORPORATION OF  
**THE TOWNSHIP OF McNAB/BRAESIDE**

2508 RUSSETT DRIVE, R. R. 2  
 ARNPRIOR, ONTARIO K7S 3G8

**Building Form "E"**  
**(Please Print Clearly)**

Office: 613-623-5756 ext.225

**Installer Information for Heating and Ventilation:**

<input type="checkbox"/> <b>CONSTRUCT</b> <input type="checkbox"/> <b>REPAIR</b> <input type="checkbox"/> <b>ALTER</b>
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OWNER'S NAME \_\_\_\_\_ PHONE: H \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ W \_\_\_\_\_  
 CONTRACTOR \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 LICENSED TIN SMITH \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 HEATING LICENSE OR CERTIFICATE NO. \_\_\_\_\_  
 LOCATION (Street) \_\_\_\_\_  
 LOT \_\_\_\_\_ CONCESSION \_\_\_\_\_ PLAN NO. \_\_\_\_\_

HEATING	TYPE OF FURNACE	APPROVAL OF APPLIANCE/STANDARD
OIL	_____	_____
PROPANE	_____	_____
ELECTRIC	_____	_____
WOOD	_____	_____
OTHER	_____	_____
COMBINATION.	_____	_____
TYPE OF CHIMNEY AND APPROVAL		_____

**DECLARATION**

I, the undersigned, \_\_\_\_\_, am the owner/the authorized agent of the owner, named in the above application, and I certify the truth of the contents of this application, the accompanying working drawings and specifications. I agree to comply with the provisions of the Plumbing Inspector of any changes to the application, working drawings and specifications and not to proceed with the changes without his authorization. I also agree to notify the Chief Building Official at least one business day prior to any inspection required.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Owner/Authorized Agent

Permit No. _____
Permit Fee _____
Rec. _____