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BUILDING DEPARTMENT
CONTRACTOR CERTIFICATION

SOLID FUEL BURNING APPLIANCE INSTALLATIONS

(PLEASE PRINT CLEARLY)

SITE ADDRESS:

BUILDING PERMIT NO:
 (BUSINESS NAME)

_____ - _____

NAME OF INSTALLER:

DISTRICT OF KENT BUSINESS LICENCE NUMBER :	EXPIRY DATE:

BUSINESS ADDRESS:
 (ALSO PROVIDE MAILING
 ADDRESS IF DIFFERENT)

 W.E.T.T.S. CERTIFICATION NUMBER # _____

MODEL OF APPLIANCE

S.I.N. OF APPLIANCE

OFFICE PHONE #:

CELL PHONE #:

FAX #:

OTHER #:

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SIGNATURE:

DATE:

THIS FORM MUST BE SUBMITTED TO THE BUILDING DEPARTMENT AT THE DISTRICT OF KENT
PRIOR TO FRAMING INSPECTION(S) APPROVAL AND PERMISSION TO COVER BY
 THE DISTRICT OF KENT BUILDING INSPECTOR