

**Township of Central Frontenac**

**Building Department**

PO Box 89,

Sharbot Lake, Ont., K0H 2P0

Telephone: 613-279-2935, Fax: 613-279-2422

*Jeremy Neven, CBO, ext 226*

**HVAC Installer To Fill Out**

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Heating Contractor \_\_\_\_\_

Project name: \_\_\_\_\_

Address: \_\_\_\_\_

This is to certify that \_\_\_\_\_ has completed the installation of the:

Heating System \_\_\_\_

Ventilation System \_\_\_\_

Air Conditioning \_\_\_\_

At the above referenced project. This will further certify that the system(s) have been installed in accordance with the drawings and designs supplied to the Building Department, which formed the basis for which the Building Permit was issued, including any changes thereto authorized by the Chief Building Official. Further, I hold a certificate of Qualification as

\_\_\_\_\_

Minor changes to the system, which do not adversely affect its operation, are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached is a photocopy of my certifications (HRAI or equivalent) of which I am a member in good standing.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

