

## **Declaration Form Solid Fuel Appliances and Fireplaces**

1. Identification of the owner			
Name			
Address			
Postal Code			
Telephone			
Email			
If the address	s where the appliance or fireplace is located is different than the one above, indicate it		
here:			
Address			

## 2. Solid fuel appliances Fill in the fields in the table for each device at the property. If necessary, use an additional sheet. Certification **Approximate Emission rate in** Model, (EPA, Polytest or **Appliance type** year of grams / hour if known **Canadian standard** (g/h), if known installation CSA/B415.1-10) Fireplace Wood stove Yes Pellet stove No Other (specify): Fireplace Wood stove Yes Pellet stove No Other (specify):



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Continued								
Type d'appareil	Année d'installation approximative	Modèle, si connu	Certification EPA, Polytest ou par la norme canadienne CSA/B415.1-10	Taux d'émission gramme / heure (g/h), si connu				
Fireplace								
Wood stove			Yes					
Pellet stove								
Other (specify):			No					
Fireplace								
Wood stove			Yes					
Pellet stove								
Other (specify):			No					

3. Replacement or removal	of a solid fuel	l burning appl	liance or fire	place
The owner of a solid fuel burn	ing appliance of	r fireplace who	has their dev	ice rer

The owner of a solid fuel burning appliance or fireplace who has their device removed or replaced shall report to the authority having jurisdiction or to the representative of the City of Westmount within 120 days of its replacement or removal.

Thus, for any modification of one or more elements entered in the present declaration,  $\underline{a}$  new form must be filed, taking care of completing Section 3.

Check the choice that applies to the device identified in Section 2 of this form.

My appliance or fireplace has been removed.	Date of removal:
My appliance or fireplace has been replaced with a device that meets the 2.5 g/hr emission rate.  Manufacturer:  Model:	Replacement date:
My appliance or fireplace has been replaced by a device using another type of fuel.  Fuel type:	Replacement date:



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4. Documents to attach			
Completed and signed request form.			
Up-to-date colour photo of the device or fireplace that provides an overall view of the location where it is installed.			
Plan or sketch identifying the location of the device or fireplace in the bu	uilding.		
Any additional relevant documentation required by the authority having jurisdiction or by the representative of the City of Westmount.			
5. Confirmation			
I confirm that the information provided is accurate, and I undertake to p	rovide any additional		
documents required to complete my declaration, upon request of the ad	Iministration.		
I consent to receive information from the City of Westmount related to the by-law concerning solid fuel appliances and fireplaced.			
Signature of the owner	Date		

This form, and all supporting documents, may be submitted in person at the reception desk of the Urban Planning Department of the City of Westmount at <u>4333 Rue Sherbrooke O.</u> or sent by email to <u>permis@westmount.org</u>

For any questions, contact the Urban Planning Department at **514 989-5219**.