

TOWNSHIP OF SOUTH FRONTENAC  
BUILDING DEPARTMENT  
P. O. BOX 100, 4432 GEORGE STREET  
SYDENHAM, ONTARIO KOH 2TO  
TELEPHONE: (613)-376-3027 FAX: (613)-376-6657

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**HEATING, VENTILATION AND AIR CONDITIONING INSTALLATION**

**VERIFICATION CERTIFICATE (HVAC)**

DATE: \_\_\_\_\_ BUILDING PERMIT NUMBER: \_\_\_\_\_

HEATING CONTRACTOR: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

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

Heating System  Ventilation System  Air Conditioning

at the project noted above in accordance with the manufacturers installation requirements and in compliance with the requirements of the current Ontario Building Code as amended.

Further, I hold a Certificate of Qualification as \_\_\_\_\_

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

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
HRAI Certification Number