

**Township of Central Frontenac  
Building Department**

PO Box 89,  
Sharbot Lake, Ont., K0H 2P0  
Telephone: 613-279-2935, Fax: 613-279-2422



**Heating, Ventilation and Air Conditioning Installation  
Verification Certificate (HVAC)**

Owner: \_\_\_\_\_ Permit #: \_\_\_\_\_

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 certify that the system(s) have been designed and installed in accordance with all applicable regulations. The systems(s) have been installed according to 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 Equiv.) of which I am a member in good standing.

**Contractor Info**

Name: \_\_\_\_\_ Business Name (Opt.): \_\_\_\_\_

HRAI #: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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