



Town of Golden

810 S – 9th Avenue,

Box 350, Golden, BC V0A 1H0

Ph. 250-344-2271 Fax. 250-344-6577

APPLICATION FOR AIR QUALITY REBATE PROGRAM

PROJECT SITE ADDRESS: _____

FOLIO#: _____ **ZONE:** _____ **LEGAL - LOT:** _____ **BLOCK:** _____ **SEC.** _____ **PLAN #:** _____

APPLICANT: _____ **PHONE:** _____

MAILING ADDRESS: _____

PARTICIPATING RETAILER: _____

ADDRESS: _____ **BUSINESS LICENSE NO.:** _____

INSTALLER: _____ **PHONE:** _____

ADDRESS: _____ **BUSINESS LICENSE NO.:** _____

I/We _____ hereby certified that the subject EPA Certified solid fuel or pellet appliance was installed and meets CAN/CSA-B415.1 Standards in accordance with the Waste Management Act, CAN/CSA-B365-M Standards and all other applicable requirements in accordance with the BC Building Code. (A copy of my WETT Certificate is attached.)

Signature of Installer

Date

or

I/We _____ hereby certified that the subject certified propane or electric appliance was installed and meets all requirements in accordance with the Gas or Electrical Safety Act and all other applicable requirements in accordance to the BC Building Code. (A copy of my Trade Certificate is attached.)

Signature of Installer

Date

I/We _____ of _____ hereby certify that the old non-certified wood-burning appliance was decommissioned and has been properly disposed of in compliance with the Air Quality Rebate Program.

NOTE: SIGNATURE AUTHORIZES THE TOWN TO PROCEED WITH YOUR REBATE APPLICATION.

Signature of Applicant

Date

Office Use

Building Inspector

Date

O.K. to process rebates.
(Amount _____)