



**SOUTH  
FRONTENAC**

**Building Services**  
4432 George St, Box 100  
Sydenham, ON K0H 2T0  
613-376-3027  
building@southfrontenac.net

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

Date: \_\_\_\_\_

Building Permit #: \_\_\_\_\_

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

Project location/address: \_\_\_\_\_

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:

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

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

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

\_\_\_\_\_  
Signature

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