

Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: 416.734.3300

Fax: 416.231.4078

Customer Service: 1.877.682.8772 E-mail: fssubmissions@tssa.org www.tssa.org

Application for Variance/Deviation of Non Certified Plastic Venting

Technical Standards and Safety Act Fuels Safety Regulations

Please submit completed application and supporting	ng documentation by mai	I fax or email (in pdf for	mat)	For Office Use Only
r lease submit completed application and supporting	ng documentation by mai	i, lax, or citial (iii par ion	nat).	
Check applicable box(es) Propane				
Natural Gas				
Onder	Olavia			
Code:	Clause:			
Equipment/Appliance/Component involved.				
	Model		Serial No.	
Reason for request and proposed method of equivale	ent safety (submit separa	te letter if required).		
	Т			
A. OWNER OF APPLIANCE, EQUIPMENT OR INS	TALLATION			
Company Name:		Corpora	tion No.:	
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
Email:				
Print Name of Contact Person:				
B. LOCATION ADDRESS Same a (Where appliance/equipment is to be installed/insp	as:	a delivery or fire route a	ddress.)	
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:				
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:	Cell	No.:	
Email:				
Print Name of Contact Person:				
0 TECHNICAL CONTACT				
C. TECHNICAL CONTACT Same as (Company we should communicate with regarding		ion approval on behalf of	the owner.)	
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:	PO Box:			
City/Town:		Province:		Postal Code:
Telephone No.:	Fax No.:	Cell	No.:	
Email:				
Print Name of Contact Person:				

Note: It is illegal to use an appliance, equipment, or work for its intended purpose unless it is approved. Please note that this approval may be revoked or suspended if the relevant review and inspection fees are not paid in full.



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Location Address:						
D. INVOICEE (Company responsible for fees invoiced for ap	proval including engineering a	and inspection fees.)				
Company Name:						
Street Name / 911 Number/Address, if applicable						
Unit/Suite:	PO Box:	PO Box:				
City/Town:		Province:		Postal Code:		
Telephone No.:	Fax No.:		Cell No.:			
E-mail:						
Print Name of Contact Person:		Signature of Contact F	Signature of Contact Person:			
Date of Application (dd-mmm-yyyy):	F	FEES				

(HST Registration No: 891131369)

Select	Service	Fee Type	Fee		HST	(Ir	Fee ncluding HST)	Total Fees Due
	Variance - Noncertified plastic venting per TSSA Advisory FS-101-07 R1							
	Single unit	Flat*	\$ 187.	00	\$ 24.31	\$	211.31	
	Building with multiple units or commercial installation	Flat*	\$ 560.	50	\$ 72.87	\$	633.37	

Total Fees Due			
	1		

If paying by credit card, amount in Box 1 to be entered in TSSA Service Prepayment Portal

All required fees must be prepaid for application to be processed. Fees are non-refundable.

For payment options, see Payment Instructions

Note: The fees relating to the application for a Variance is in addition to any other required fees

*Flat fees relating to engineering services or initial inspection may be subject to additional billing if engineering submissions are inadequate or require excessive engineering review/initial inspection time. Additional billing, if any, will be billed in 1/4 hour increments at the applicable hourly labour rate based on TSSA's posted fee schedule. All labour rates are per inspector or engineer.

**Expedited Services

Expedited service fees are non-refundable

Expedited services places your application in an expedited service line.

Expedited inspection services (inspection & travel time included in the flat fee, plus any excess hours) will be billed at 2 x the standard inspection rate.



PAYMENT INSTRUCTIONS

TSSA use only	L #	CH#	
WO#			

If paying by cheque, bank draft, money order, this form must accompany all applications submitted to TSSA. A separate payment form is required for each application. Please refer to our fee schedule posted on our website www.tssa.org. HST Registration No: 891131369.

Payment Options:

Credit Card - Click link below

TSSA Service Prepayment Portal

https://forms.tssa.org/Payments/Service-Prepayment-Portal

Cheque, Bank Draft or Money Order (payable to Technical Standards and Safety Authority)

Name of Applicant/Organization:
Telephone No:
Email Address:

Cheque/Bank Draft/Money Order #:_______

Mail payment along with a copy of your application to:

Attention: Accounts Receivable Technical Standards and Safety Authority 345 Carlingview Drive Toronto, Ontario M9W 6N9

If a copy of the application is not submitted with your payment, this will delay the processing of the application.

Dishonored Payments: A \$35 administration fee will apply for each returned item