



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](mailto:fssubmissions@tssa.org)  
[www.tssa.org](http://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 documentation by mail, fax, or email (in pdf format).	For Office Use Only
Check applicable box(es) <input type="checkbox"/> Propane <input type="checkbox"/> Natural Gas	
Code: _____ Clause: _____	

Equipment/Appliance/Component involved.		
Make	Model	Serial No.
Reason for request and proposed method of equivalent safety (submit separate letter if required).		

<b>A. OWNER OF APPLIANCE, EQUIPMENT OR INSTALLATION</b>			
Company Name:		Corporation 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>B. LOCATION ADDRESS</b>			
Same as: <input type="checkbox"/> A			
(Where appliance/equipment is to be installed/inspected. Note this must be a delivery or fire route address.)			
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:			

<b>C. TECHNICAL CONTACT</b>			
Same as: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D			
(Company we should communicate with regarding engineering and inspection 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 approval including engineering and inspection fees.)

Company Name:

Street Name / 911 Number/Address, if applicable:

Unit/Suite:

PO Box:

City/Town:

Province:

Postal Code:

Telephone No.:

Fax No.:

Cell No.:

E-mail:

Print Name of Contact Person:

Signature of Contact Person:

Date of Application (dd-mmm-yyyy): \_\_\_\_\_

## FEES (HST Registration No: 891131369)

Select	Service	Fee Type	Fee	HST	Fee (Including HST)	Total Fees Due
	<b>Variance - Noncertified plastic venting per TSSA Advisory FS-101-07 R1</b>					
	Single unit	Flat*	\$ 204.00	\$ 26.52	\$ 230.52	
	Building with multiple units or commercial installation	Flat*	\$ 611.00	\$ 79.43	\$ 690.43	

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.



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## PAYMENT INSTRUCTIONS

<b>TSSA use only</b> WO # _____	L # _____ CH # _____
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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](http://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)**

<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