

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 a Variance/Deviation (Except for Non Certified Plastic Venting)

Technical Standards and Safety Act Fuels Safety Regulations

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Please submit completed application and supporti	ng documentation by mai	I, fax, or email (in pd	If format).	For Office Use Only
Digester Gas		ropane ther		
Code:	Clause:			
Is this a field development project? Yes No				
Equipment/Appliance/Component involved.				
Make	Model		Serial	No.
Reason for request and proposed method of equivale	ent safety (submit separa	te letter if required).		
A. OWNER OF APPLIANCE, EQUIPMENT OR INS	TALLATION			
Company Name:		Cor	poration 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 Dected. Note this must be	a delivery or fire rou	ute address.)	
Company Name:				
Street Name / 911 Number/Address, if applicable:				
Unit/Suite:		1		
City/Town:	Ti and the second secon	Province:		Postal Code:
Telephone No.:	Fax No.:		Cell No.:	
Email:				
Print Name of Contact Person:				
C. TECHNICAL CONTACT Same as (Company we should communicate with regarding		ion approval on beh	alf of the owne	·.)
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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602.86

Location Address:

D. INV	DICEE npany responsible for fees invoiced for appro	val including engineering a	and ir	nspection fee	s.)							
Compar	ny Name:											
Street N	lame / 911 Number/Address, if applicable:											
Unit/Sui	it/Suite: PO Box:											
City/Tov	vn:	Provin			ovince:			F	Postal Code:			
Telepho	ne No.:	Fax No.:			Cell No.:							
E-mail:												
Print Na	Print Name of Contact Person: Signature of Contact Person:											
Date of	Application (dd-mmm-yyyy):	(HST Registra	FEE:		69)							
Select	Service			Fee Type		Fee		HST	_	e (Including HST)	Total Fees Due	
Variance (Except Non Certified Plastic Venting)		1	Flat*	\$	1,254.0	0 3	\$ 163.02	\$	1,417.02		1	

Total Fees Due			
	1		

69.36

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

533.50

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

For payment options, see Payment Instructions

Flat

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

(Additional charge to engineering review per site application)

Expedited Inspection Service (invoiced separately at 2 x standard

*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**

rates)

Expedited Engineering Services

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