

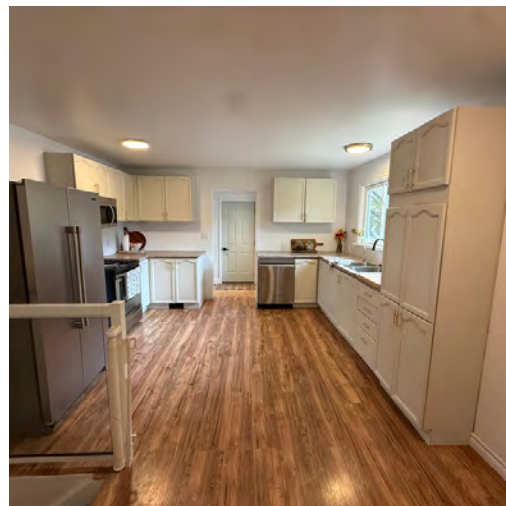


**\$428,900**

*Welcome to* 10417 Country Rd 503  
Gooderham



*Vince Duchene*  
Broker



CONTACT DETAILS: 705-457-9994 [vince@vinceduchene.ca](mailto:vince@vinceduchene.ca)  
 705-457-0046 [troyausten.ca](http://troyausten.ca)

## Property Client Full

10417 County Road 503, Highlands East, Ontario K0M 1R0

Listing

[10417 County Road 503 Highlands East](#)**Active / Residential Freehold / Detached****MLS®#: X13855366****List Price: \$428,900****New Listing****Haliburton/Highlands East/Glamorgan**

Tax Amt/Yr: **\$2,036.40/2026** Transaction: **Sale**  
 SPIS: **No** DOM: **0**  
 Legal Desc: **PT LT 24 CON 6 GLAMORGAN AS IN H251113; HIGHLANDS EAST**

Style: **Backsplit 3** Rooms Rooms+: **8+3**  
 Fractional Ownership: **3(3+0)**  
 Assignment: **Baths (F+H): 2(2+0)**  
 Link: **No** SF Range: **1100-1500**  
 Storeys: **SF Source: LBO Provided**  
 Lot Irreg: **Lot Acres: 0.50 - 1.99**  
 Lot Front: **209.00** Fronting On: **N**  
 Lot Depth: **282.00** Builder Name:  
 Lot Size Code: **Feet**  
 Zoning: **RR**  
 Dir/Cross St: **County Road 503, 1km West of Gooderham**

PIN #: **392290155**Holdover: **0**Possession: **Flexible**ARN #: **460190200019500**

Possession Date:

Contact After Exp: **No**Survey Year/Type: **2026/Available**

Kitch Kitch + **1 (1+0)**  
 Fam Rm: **No**  
 Basement: **Yes/Finished W/O**  
 Fireplace/Stv: **No**  
 Interior Feat: **ERV/HRV, Primary Bedroom - Main Floor, Propane Tank, Storage, Water Heater Owned, Water Purifier, Water Softener, Water Treatment**  
 Parking Feat: **Private Double, Mutual**  
 Heat: **Forced Air**  
 Heat Source: **Propane**  
 A/C: **Yes/Central Air**  
 Central Vac: **No**  
 Apx Age: **31-50**  
 Laundry Lev: **Lower**  
 Retirement: **No**  
 Property Feat: **Beach, Clear View, Lake Access, Library, Wooded/Treed, School Bus Route**

Exterior: **Alum Siding**  
 Garage: **Yes**  
 Gar/Gar Spcs: **Detached Garage/4.0**  
 Drive Pk Spcs: **8.00**  
 Tot Pk Spcs: **12.00**  
 Pool: **None**  
 Room Size:  
 Rural Services: **Electrical, Internet High Speed**  
 Security Feat: **Carbon Monoxide Detectors, Smoke Detector**

Utilities: **No Gas, Hydro, No Sewers, No Cable, Telephone Available**  
 Water: **Well**  
 Water Supply Type: **Drilled Well, Sediment Filter**  
 Water Delivery Feat: **UV System, Water Treatment**  
 Water Meter:  
 Waterfront Feat:  
 Waterfront Struc:  
 Well Capacity:  
 Well Depth:  
 Sewers: **Septic**  
 Special Desig: **Other**  
 Farm Features:  
 Winterized: **Fully**

Exterior Feat: **Deck**  
 Roof: **Metal**  
 Foundation: **Concrete Block**  
 Topography: **Level, Rolling**  
 Soil Type: **Rocky, Sandy**  
 Alternate Power: **Generator - wired**  
 Phys Hdcp-Eqp: **No**  
 Waterfront Y/N: **No**  
 Water Struct:  
 Under Contract: **Propane Tank**  
 Access To Property: **Yr Rnd Municipal Rd**  
 View: **Clear, Trees/Woods**

Waterfront: **None**  
 Easements/Restr: **Encroachment**  
 Dev Charges Paid:

Island YN:  
 HST App To SP: **Included In**  
 Lot Shape: **Irregular**  
 Lot Size Source: **Survey**

Remarks/Directions

Client Rmks: **One of the cutest first time buyer homes you'll find on the market at such a good price just 1km west of Gooderham! This 3 bedroom, 2 bathroom home has been recently upgraded including bathrooms, paint, fixtures, entrance deck and more. It features an interesting backsplit design offering over 1,700 square feet of living space with a 3 level layout. The upper section has 3 bedrooms all on one floor with a new 4 piece bath, an open concept KT/LR/DR main floor with a mud room entrance off the new deck and finally a rec room, laundry, storage and brand new 3 piece bath on the lower level with walkout. Bright open concept with cathedral ceiling in the Living Room featuring wood beams was the goal and these Sellers achieved the upgrades perfectly! Do you like tinkering in the shop, maybe have eyes on a small business, have small equipment to store, well the detached shop/garage will be right up your alley but it is well away from the house to keep the shop and house separate for enjoyment of each. Finally, 1.49 acres with 209' on the highway gives you lots of land to develop.**

Inclusions: **washer, dryer, light fixtures, fridge, dishwasher, stove, microwave, towel racks, sandbox, play structure**

Exclusions: **hot tub, BBQ, personal items, free standing furniture, rocking chairs, front porch pots, All contents of the shop in regards to the electrical business, diesel fuel tank**

Listing Contracted With: **RE/MAX Professionals North 705-457-1011**

Prepared By: **VINCE DUCHENE, Broker**

Date Prepared: **10/02/2026**

## Rooms

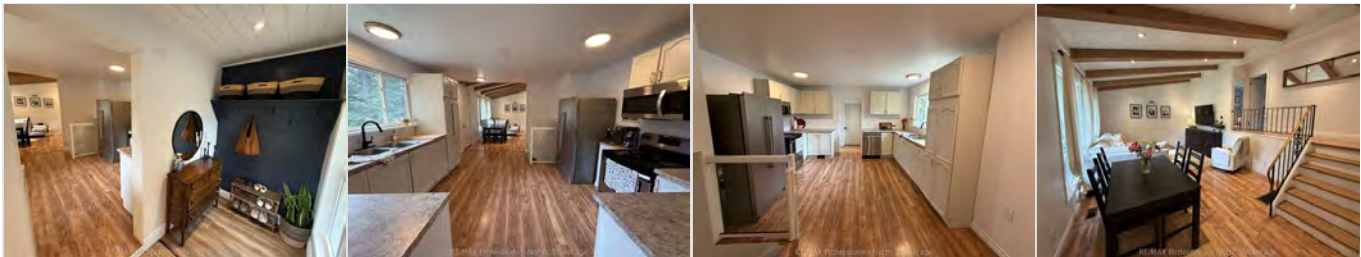
**MLS® #: X13855366**

| <u>Room</u>     | <u>Level</u> | <u>Dimensions (Metric)</u> | <u>Dimensions (Imperial)</u> | <u>Bathroom Pieces</u> | <u>Features</u> |
|-----------------|--------------|----------------------------|------------------------------|------------------------|-----------------|
| Foyer           | Main         | 2.62 M X 1.4 M             | 8.60 Ft x 4.59 Ft            |                        |                 |
| Kitchen         | Main         | 4.09 M X 4.57 M            | 13.42 Ft x 14.99 Ft          |                        |                 |
| Dining Room     | Main         | 3.79 M X 2.13 M            | 12.43 Ft x 6.99 Ft           |                        |                 |
| Living Room     | Main         | 3.79 M X 3.48 M            | 12.43 Ft x 11.42 Ft          |                        |                 |
| Primary Bedroom | Second       | 3.35 M X 3.05 M            | 10.99 Ft x 10.01 Ft          |                        |                 |
| Bedroom         | Second       | 2.74 M X 2.74 M            | 8.99 Ft x 8.99 Ft            |                        |                 |
| Bedroom         | Second       | 3.79 M X 2.74 M            | 12.43 Ft x 8.99 Ft           |                        |                 |
| Recreation      | Lower        | 5.61 M X 3.48 M            | 18.41 Ft x 11.42 Ft          |                        |                 |
| Laundry         | Lower        | 3.66 M X 1.83 M            | 12.01 Ft x 6.00 Ft           |                        |                 |
| Other           | Lower        | 11.58 M X 4.57 M           | 37.99 Ft x 14.99 Ft          |                        |                 |
| Other           | Lower        | 2.31 M X 1.22 M            | 7.58 Ft x 4.00 Ft            |                        |                 |
| Bathroom        | Upper        |                            |                              | 4                      |                 |
| Bathroom        | Lower        |                            |                              | 3                      |                 |

## Photos

**MLS® #: X13855366**

**10417 County Road 503, Highlands East, Ontario K0M 1R0**





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# Schedule “C”

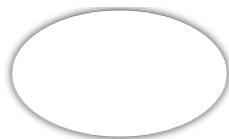
## 10417 County Road 503 – Chattels

### Included

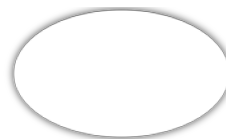
- Washer
- Dryer
- Light Fixtures
- Fridge
- Dishwasher
- Stove
- Microwave
- Towel Racks
- Sandbox
- Play Structure

### Excluded

- Hot Tub
- BBQ
- Personal Items
- Free Standing Furniture
- Rocking Chairs
- Front Porch Pots
- All contents of the shop in regards to the electrical business
- Diesel Fuel Tank



**Seller**



**Buyer**

## Additional Information

- **List of improvements:**

- All new lighting and ceiling finish materials main and top floor 2025 - \$13000
- Fully redone basement level 2026 (plumbing extra bathroom, electrical, drywall, etc.) - \$15000
- New main bathroom 2025 - \$2500
- All new plumbing throughout 2025 (feed lines, drains, venting) - \$11000.
- New A/C 2025 - \$2000
- HRV. 2026 - \$1000
- New Hot water tank 2026 - \$1200
- New fridge 2026 - \$1600
- New washing machine, dryer, dishwasher 2024 - \$2500
- New 200A underground hydro service 2024. (100A service to garage) - \$8000
- New underground propane line and tank 2024 - \$1600
- New eavestrough 2026 - \$3200
- Fence and deck 2026 - \$4000
- Security camera system 2024 - \$1600

## Annual Costs

- Hydro Costs per Year - \$3000/yr approx
- Propane Supplier - MacEwen
- Propane Cost per Year - \$3500/yr approx.
- Rental Equipment - Propane Tank
- Internet Provider - Bell
- Cell Service? Yes
- Septic Last Pumped - 2023
- Water Treatment System - Yes
- Winterized - Yes
- Age of Roof - 2022
- Insurance Company - Heartland Farm Mutual
- Road Type - Municipal Year Round | School bus route
- Driveway Plowing Cost - \$500 per season

**Schedule E**  
**Agreement of Purchase and Sale****Form 105**

for use in the Province of Ontario

This Schedule is attached to and forms part of the Agreement of Purchase and Sale between:

**BUYER:** ....., and**SELLER:** .....for the property known as **10417 County Road 503, Highlands East**

..... dated the ..... day of ....., 20.....

**Attached hereto is a copy of a Surveyor's Real Property Report which reveals the following matters:**

- 1. The dwelling of the neighbour to the east, known as 10419 County Road 503, encroaches onto the Seller's land; and**
- 2. The garage of the Seller encroaches onto said land owned by the neighbour to the east.**

**Also attached hereto is a copy of a letter from Stewart Guaranty Title Company which indicates that if any owner of the land elects to enforce their boundaries and the neighbour to the east commences an action claiming rights to area of land associated with the encroaching dwelling, the insurer, while not commencing or defending any court action, nor paying any loss related to the area in dispute, will take steps necessary to amend the legal description of the land to reflect what the Seller is actually occupying. Further, the insurer agrees to provide the Buyer an endorsement relating to the encroaching garage, which coverage shall extend to unmarketability and the Buyer agrees to accept such endorsement to address the garage encroachment.**

This form must be initialled by all parties to the Agreement of Purchase and Sale.

**INITIALS OF BUYER(S):** **INITIALS OF SELLER(S):** 

PART 1 -  
SURVEYOR'S REAL PROPERTY REPORT  
PLAN OF SURVEY OF  
PART OF LOT 24  
CONCESSION 6  
GEOGRAPHIC TOWNSHIP OF GLAMORGAN  
MUNICIPALITY OF HIGHLANDS EAST  
COUNTY OF HALIBURTON



## PART 2 - REPORT SUMMARY

THIS PLAN HAS BEEN PREPARED FOR THE USE OF:  
CONOR GADWAY

REGISTERED EASEMENTS AND/OR RIGHTS OF WAY:  
NONE

NOTABLE FEATURES:  
CHAIN LINK FENCE WEST OF EASTERLY PROPERTY LIMIT  
1 STORY DWELLING CROSSING EASTERLY PROPERTY LIMIT  
VLT GARAGE ADDITION CROSSING EASTERLY PROPERTY LIMIT  
GRAVEL PARKING AREA CROSSING EASTERLY PROPERTY LIMIT  
COMPLIANCE WITH MUNICIPAL ZONING BY-LAWS:  
NOT CERTIFIED BY THIS REPORT

## SURVEYOR'S CERTIFICATE

I CERTIFY THAT:

1) THIS SURVEY AND PLAN ARE CORRECT AND ARE IN ACCORDANCE WITH THE SURVEYS ACT, THE SURVEYORS ACT AND THE LAND TITLES ACT AND THE REGULATIONS MADE UNDER THEM.

2) THE SURVEY WAS COMPLETED ON 12 NOVEMBER, 2025

SIGNED AT LAKEFIELD, ONTARIO  
THIS 19TH DAY OF JANUARY, 2020

CHRISTOPHER E. MUSCLOW  
ONTARIO LAND SURVEYOR

## LEGEND

- [illegible]

BEARINGS SHOWN HEREON ARE UTM GRID, DERIVED FROM REAL TIME NETWORK (RTN) OBSERVATIONS ON POINTS A AND B LISTED HEREON AND ARE REFERRED TO THE CENTRAL MERIDIAN OF UTM ZONE 17 (81° WEST LONGITUDE) NAD 83 (GRS EPOCH 2010.0).

FOR BEARING COMPARISONS. A ROTATION OF 1°/3200° WAS APPLIED TO BEARINGS SHOWN ON P.1, P.2 & P.3

DISTANCES SHOWN HEREON ARE GROUND DISTANCES AND CAN BE USED TO COMPUTE GRID DISTANCES BY MULTIPLYING BY A COMBINED SCALE FACTOR OF 1.00200596

PLAN SUBMISSION FORM  
V-112466

## INTEGRATION DATA

COORDINATES ARE DERIVED FROM GPS RTK OBSERVATIONS USING THE SMARTNET CORRECTION DATA AND ARE REFERRED TO UTM ZONE 17 (81°W LONGITUDE) NAD83 (CSRS EPOCH 2010.0).

| POINT | UTM NORTHING | UTM EASTING |
|-------|--------------|-------------|
| CRP ② | 4970083.87   | 705593.15   |
| CRP ① | 4970595.72   | 706873.82   |

CAUTION: COORDINATES CANNOT, IN THEMSELVES, BE USED TO RE-ESTABLISH CORNERS OR BOUNDARIES SHOWN ON THIS PLAN.

**CAUTION:** COORDINATES CANNOT, IN THEMSELVES, BE USED TO RE-ESTABLISH CORNERS OR BOUNDARIES SHOWN ON THIS PLAN.



**JBF SURVEYORS**  
3177 LAKEFIELD ROAD, BOX 70  
LAKEFIELD, ON K0L 2H0  
PHONE: 705-652-6198  
INFO@JBFSURVEYORS.COM  
WWW.JBFSURVEYORS.COM

**NOTE:** NO PERSON MAY COPY, REPRODUCE, DISTRIBUTE OR ALTER THIS PLAN IN WHOLE OR IN PART WITHOUT THE WRITTEN PERMISSION OF JBF SURVEYORS. © JBF SURVEYORS 2026

May 20, 2026

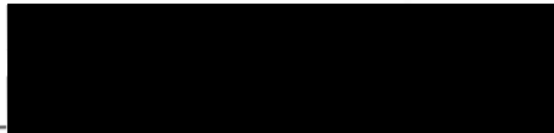
WITHOUT PREJUDICE

**SENT VIA EMAIL:** [David@lawshap.com](mailto:David@lawshap.com) [janine@lawshap.com](mailto:janine@lawshap.com)

David A. P. Shapiera Professional Corporation  
Barrister and Solicitor  
69 Bobcaygeon Road  
Minden, Ontario  
K0M 2K0

Dear Sir / Madam:

**Re: Insured(s):**  
**Address:**  
**Policy No.:**  
**Claim Inquiry No.:**



We have reviewed the claim inquiry you submitted on behalf of the Insured dated March 26, 2026, and subsequently received supporting documents. We have considered the same in light of the coverage provisions contained in our Residential Gold Owner's Policy and wish to set out our comments with respect thereto.

From our review, we understand that the Insured acquired Title (as defined in the Policy) to the Land (as defined in the Policy) on November 1, 2023 (the "Policy Date"). You have advised us that the Insured is contemplating putting the Land up for sale and obtained an up-to-date survey of the Land dated January 19, 2026 prepared by Christopher Musclow of JBF Surveyors (the "Survey"). The Survey indicates the Insured's easterly neighbour's dwelling encroaches onto the Land and that the Insured's garage slightly encroaches onto the same easterly neighbour's property. You have asked Stewart Title Guaranty Company ("Stewart Title") to review this matter and advise of any available coverage under the Policy.

In general, coverage by Stewart Title under the Policy is defined by those items enumerated within the Policy under the Heading "Covered Risks" ("CRs") and limited by those clauses contained within Schedule B and under the "Exclusions" section of the Policy. Coverage can also be excluded or expanded through Endorsements attached to the Policy.

Based upon the evidence in our possession, we proceeded to review the Policy to determine whether there is coverage for these issues and provide the following analysis with respect to those Policy provisions that would appear relevant.

Neighbour's dwelling encroaching onto Insured's Land

Turning to the Policy, we refer you to CR 1 which insures against Actual Loss (as defined in the Policy) in the event "Someone else owns an interest in your [the Insured's] Title."

Additionally, we direct you to CR 15(b) which insures against Actual Loss in the event "Your [the Insured's] Land is unmarketable, which allows another person to refuse to perform a contract to purchase, lease or make a mortgage loan because: (b) of adverse matters that would have been disclosed by an up-to-date Survey."

We refer you to Exclusion 3 of the Policy which states, in part, as follows: "In addition to the Exceptions in Schedule B, you [the Insured] are not insured against loss, costs, legal fees, and expenses resulting from: Risks: "that result in no loss to you [the Insured]."

In order for coverage to be available under a CR, none of the Exclusions within the Policy can apply.

We acknowledge receipt of the Survey detailing the encroachment of the easterly neighbour's dwelling onto the Land by a maximum of 2.07 metres, however, we have not received correspondence from that easterly neighbour outlining that they are claiming an interest in that part of the Insured's Land (pursuant to CR 1) or any evidence any evidence that the Insured is unable to sell or lease the Land or obtain a mortgage expressly because of this encroachment (pursuant to CR 15(b)).

Further, even if sufficient evidence were provided, we note that, at the Policy Date, the easterly neighbour's dwelling existed in its current location and that part of the Land on which the neighbour's dwelling is situated did not objectively appear to form part of the Land that the Insured saw and agreed to purchase. Given this fact, the Insured could not have reasonably anticipated or expected that he was purchasing or would own any of the lands on which the easterly neighbour's dwelling is located. Further, while the Insured's legal description may include a portion of land on which the neighbour's dwelling is located, the purchase price paid for the Land reflects the property as seen by the Insured and as it is currently occupied. As such, the Insured does not appear to have suffered a loss because of the issue being claimed.

Please note that there is no coverage under the Policy with respect to the enforcement or the policing of the boundaries of the Land. Further, none of the insuring provisions under the Policy provide coverage for the costs associated with relocating and/or rebuilding fences.

If the Insured elects to enforce their boundaries and the related neighbouring landowner commences an action against the Insured claiming an interest in the Land, Stewart Title will not commence or defend the related court action nor will we pay the Insured any Actual Loss related to the area of disputed land, as more specifically set out above.

While Stewart Title will not commence or defend any related court action, we are prepared to take the steps necessary to amend the legal description of the Insured's Land so that same reflects the Land as it was occupied at the Policy Date and as the Insured contracted to receive. Again, there would be no payment of any related Actual Loss associated with this remedy, as Exclusion 3 applies as more specifically set out above.

Should the Insured wish for Stewart Title to proceed with retaining external counsel to amend the legal description for their Land, simply confirm same in your correspondence, and upon receipt we will proceed accordingly.

For clarity, the coverage available for the issue being claimed is limited to the amendment of the legal description to reflect the Land as occupied, and as the Insured contracted to receive.

To assist the Insured in marketing their Land for sale, Stewart Title would be pleased to provide our Undertaking to the new purchaser and their lender to amend the legal description of the Land to reflect the land as occupied at the Policy Date.

Please note that Stewart Title's resolution of this matter (i.e. amending the legal description of the Land to reflect the land as occupied as at the Policy Date) should be marketed with the Land. The manner in which this is done will need to be determined between the Insured and their real estate agent as we cannot provide any advice in this regard.

**Insured's garage encroaching onto neighbour's property**

Turning to the Policy, we once again refer you to CR 15(b) which insures against Actual Loss in the event "Your [the Insured's] Land is unmarketable, which allows another person to refuse to perform a contract to purchase, lease or make a mortgage loan because: (b) of adverse matters that would have been disclosed by an up-to-date Survey."

While we acknowledge receipt of the Survey, which shows the Insured's 1-storey frame garage encroaching onto the easterly neighbour's property by a maximum of 0.03 metres, in order to trigger coverage under this insuring provision, we also require evidence that the Insured is unable to sell or lease the Land or obtain a mortgage loan expressly because of this adverse circumstance disclosed by the Survey, which, at this time, we have not received.

We have also considered this matter in conjunction with CR 20(a) of the Policy, which insures against Actual Loss in the event "You [the Insured] are forced by a Governmental Authority (or in the case of 20(a) hereunder, you [the Insured] are forced by the affected neighbour or a party who benefits from the Easement) to remove or remedy your [the Insured's] existing structure(s), or any portion thereof, other than a boundary wall or fence, because: it extends on to adjoining land or on to any Easement (even if the Easement is excepted in Schedule B)."

In considering the foregoing, we acknowledge receipt of the Survey showing the Insured's 1-storey frame garage encroaching onto the neighbouring property, however, to be eligible for coverage under this insuring provision, the Insured must also provide written evidence that the affected neighbouring landowner is forcing the Insured to remove the garage that existed as of the Policy Date, which, at this time, we have not received.

As such, this part of the claim inquiry is premature at this time.

Notwithstanding, as we are aware that the Insured is contemplating putting the Land up for sale, on a good faith basis, Stewart Title is prepared to issue a title insurance policy to the future purchasers and their lenders (at the standard applicable premium) with the following custom underwriting inserted into their policy in relation to the encroachment of the Insured's garage onto neighbouring lands (subject to our usual underwriting protocols):

***Owner's and Lender's Coverage***

A survey of the Land prepared by Christopher E. Musclow of JBF Surveyors dated January 19, 2026 reveals that a portion of the one-storey frame garage encroaches on to the abutting land to the east by a maximum of 0.03 metres.

**The Company insures against loss or damage incurred by the Insured due to the enforced removal by the owner(s) of the easterly neighbouring lands of that portion of the above-referenced item which encroaches onto the easterly neighbouring lands. Coverage for this issue shall extend to Unmarketability of your/the Title in relation thereto. In addition, the Company commits to offering coverage in this same manner to future purchaser(s), lender(s), and lessee(s) of the Land.**

Please note the coverage Stewart Title is offering in relation to the garage encroachment should be marketed with the Land. The manner in which this is done will need to be determined between you and your real estate agent as we cannot provide any advice in this regard.

The above position for this matter is based on the information submitted to date and as such, we are reserving our rights under the terms of the Policy in the event any other information becomes available which would cause us to re-evaluate our position. Stewart Title reserves its rights under the Policy to

review any new information received in accordance with all the Covered Title Risks, Exclusions, Terms and Conditions of the Policy.

We trust that the above is satisfactory and thank you for your co-operation with this matter. Once you have had an opportunity to review and consider this letter, you may contact the undersigned with any questions or concerns you may have.

Sincerely,  
**Stewart Title Guaranty Company**  
Per:

*Linda Letterio*

Linda Letterio, Law Clerk  
*Claims Examiner*

**Municipality of Highlands East**

2249 Loop Road

PO 295

Wilberforce Ontario K0L 3C0

(705) 448-2981

Email: info@highlandseast.ca

Group Code:

highlandseast.ca

**DO NOT PAY - PAID BY MORTGAGE HOLDER****TAX NOTICE**

|                     |                      |
|---------------------|----------------------|
| <b>Final</b>        | <b>2026</b>          |
| <b>Billing Date</b> | <b>June 22, 2026</b> |

|                                                 |  |  |  |  |                         |  |  |  |
|-------------------------------------------------|--|--|--|--|-------------------------|--|--|--|
| Mortgage Company    FIRST NATIONAL FINANCIAL LP |  |  |  |  | Bill No.        239276  |  |  |  |
| Roll No.    902-000-19500-0000                  |  |  |  |  | Mortgage No.    1391983 |  |  |  |
| Name and Address                                |  |  |  |  |                         |  |  |  |

**Schedule 2****Explanation of Tax Changes 2025 to 2026**

Final 2025 Levies    Final 2026 Levies    Total Year Over Year Change  
 \$1,949.76            \$2,036.40            \$86.64

|                                       |            |
|---------------------------------------|------------|
| Final 2025 Levies                     | \$1,949.76 |
| * 2025 Annualized Taxes               | \$1,949.76 |
| 2026 Local Municipal Levy Change      | \$53.72    |
| 2026 County Levy Change               | \$32.92    |
| 2026 Provincial Education Levy Change |            |
| 2026 Tax Change Due to Reassessment   |            |
| ** Final 2026 Levies                  | \$2,036.40 |

\*\* Adjusted and final tax amounts apply only to the property or portion(s) of property referred to in this notice and may not include some special

**Schedule 3****Explanation of Property Tax Calculations**

Commercial    Industrial    Multi-Res.

|                                       |  |  |  |
|---------------------------------------|--|--|--|
| 2026 CVA Taxes                        |  |  |  |
| * 2025 Annualized Taxes               |  |  |  |
| 2026 Tax Cap Amount                   |  |  |  |
| 2026 Provincial Education Levy Change |  |  |  |
| 2026 Municipal Levy Change            |  |  |  |
| ** 2026 Adjusted Taxes                |  |  |  |

\* An annualized tax figure is used in this analysis to compensate for mid-year adjustments in tax treatment or assessment value. If a property did not have any mid-year adjustments the annualized taxes should equal the Final tax amount listed above.

**Municipality of Highlands East**

2249 Loop Road

PO 295

Wilberforce Ontario K0L 3C0

(705) 448-2981

**DO NOT PAY - PAID BY MORTGAGE HOLDER**

PLEASE DETACH AND SUBMIT WITH PAYMENT

**FIRST INSTALLMENT**  
THANK YOU

|                       |                                              |
|-----------------------|----------------------------------------------|
| <b>Received from:</b> |                                              |
| <b>Roll #</b>         | <b>902-000-19500-0000</b>                    |
| <b>Name</b>           | [REDACTED]                                   |
| <b>Address</b>        | 10417 COUNTY RD 503<br>GOODERHAM, ON K0M 1R0 |
| <b>Due Date</b>       | <b>Total Due</b>                             |
| September 29, 2026    | \$1,061.52                                   |



Your account number is:

2001 8598 9989

This statement is issued on:

June 12, 2026

## Your Electricity Statement

For the period of: May 7, 2026 - June 6, 2026

### What do I owe?

**\$252.40**See reverse for a  
summary of your charges

### How much did I use?

You powered your home with

**1,453 kWh**  
of electricity this period

### When will my payment be withdrawn?

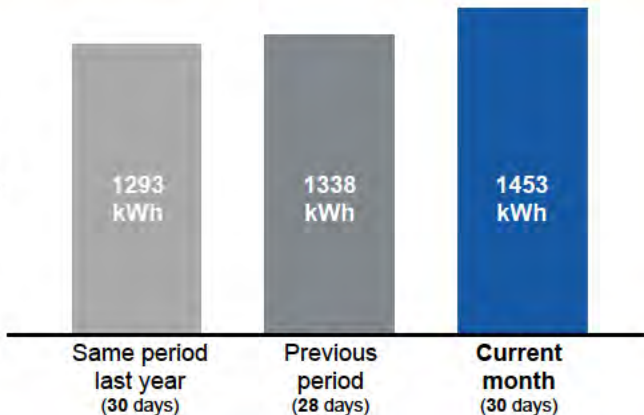
\$252.40 will be withdrawn on

**Jul 2,  
2026**

### What does my electricity usage look like?

Your average  
daily usage has  
**increased by 12%**  
compared to the  
same period last year.

Find out more  
by logging into  
**myAccount** at  
[www.HydroOne.com](http://www.HydroOne.com)



### What do I need to know?

Total Ontario support: \$98.01. To learn more about the province's electricity support programs, visit [Ontario.ca/yourelectricitybill](http://Ontario.ca/yourelectricitybill).

NOTICE: We're updating our Conditions of Service, which describes how we do business with our customers. Please visit [HydroOne.com/COS](http://HydroOne.com/COS) to review the changes. If you wish to provide comments you may do so until July 17, 2026.



For billing, quick answers  
and much more, visit  
[www.HydroOne.com](http://www.HydroOne.com)



For emergencies or reporting  
outages  
**1-800-434-1235** (24 hrs)



For service inquiries  
and payment  
**1-888-664-9376**  
Mon to Fri 7:30 a.m. - 8 p.m.



Hydro One Networks Inc.  
PO Box 5700  
Markham, ON L3R 1C8

Your account number: **2001 8598 9989**



## What am I paying for?

|                                                        |                 |
|--------------------------------------------------------|-----------------|
| <b>Balance carried forward from previous statement</b> | <b>\$0.00</b>   |
| Amount from your previous period                       | \$232.41        |
| Amount we received on Jun 2/26                         | -\$232.41       |
| <b>Your electricity charges</b>                        | <b>\$252.40</b> |
| <b>Total amount to be withdrawn on Jul 2/26</b>        | <b>\$252.40</b> |



## Powering 10417 HWY 503, OLD ACCT 16172

Point of Delivery: 10579742

Residential - Medium Density

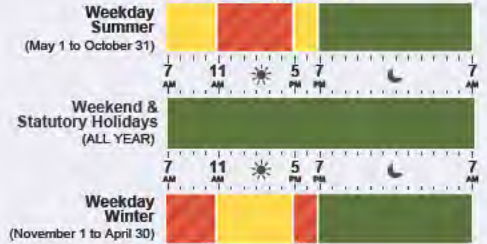
|                                                                                                                                                                                                                                                                                                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| <b>Electricity</b> .....                                                                                                                                                                                                                                                                                                                                      | <b>\$191.05</b> |
| This is the cost of generating the electricity you used this period. Usage is measured in kilowatt-hours (kWh) and depends on the wattage of devices you use and how long you use them. The Ontario Energy Board (OEB) sets the cost per kWh and the money collected goes directly to the electricity generators.                                             |                 |
| <b>Delivery</b> .....                                                                                                                                                                                                                                                                                                                                         | <b>\$82.42</b>  |
| This is the cost of ensuring you have reliable power when you need it. <b>Hydro One</b> collects this money to build, maintain and operate the electricity infrastructure, which includes power lines, steel towers and wood poles covering 960,000 sq. km. A portion of this cost is fixed and a portion varies depending on the amount of electricity used. |                 |
| <b>Regulatory Charges</b> .....                                                                                                                                                                                                                                                                                                                               | <b>\$8.54</b>   |
| The Independent Electricity System Operator (IESO) uses this money to manage electricity supply and demand in the province, which is necessary to ensure that there is enough electricity to meet Ontario's needs at all times.                                                                                                                               |                 |
| <b>HST (87086-5821-RT0001)</b> .....                                                                                                                                                                                                                                                                                                                          | <b>\$36.66</b>  |
| <b>Ontario Electricity Rebate</b> .....                                                                                                                                                                                                                                                                                                                       | <b>-\$66.27</b> |
| <b>Total of your electricity charges</b> .....                                                                                                                                                                                                                                                                                                                | <b>\$252.40</b> |

You are currently enrolled on Pre-Authorized Payment.

## What is my Time-of-Use breakdown?

| May 7/26 to Jun 6/26 | Usage (kWh) | Rate (\$) | Amount  |
|----------------------|-------------|-----------|---------|
| TOU On-Peak          | 269.1144    | 20.3      | \$54.63 |
| TOU Mid-Peak         | 346.4985    | 15.7      | \$54.40 |
| TOU Off-Peak         | 836.9511    | 9.8       | \$82.02 |

### Time-of-Use periods



## Meter reading details

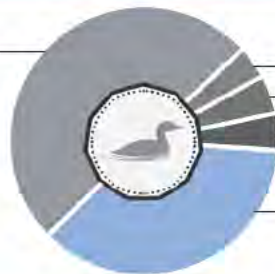


| Meter Number | Current Reading    | Previous Reading   | Difference | Usage in kWh    |
|--------------|--------------------|--------------------|------------|-----------------|
| J4062438     | Jun 6/26 34392.462 | May 7/26 32939.898 | 1452.564   | (x1) = 1452.564 |

## Shedding light on your electricity statement

### To the electricity generators for the electricity you use

Electricity prices are set by the Ontario Energy Board (OEB). Hydro One collects electricity charges and passes them to the IESO. These charges are used to cover the cost of electricity generation.



Regulatory costs  
Taxes  
Other delivery costs  
Hydro One's delivery costs

## Energy Saving Tip

### Phantom Power

Electronics use energy even when off. Plug them into power bars with timers or auto-shutoff to lower energy use.





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This inspection form is provided to WETT members as a recommended part of completing a WETT Inspection™. If this form is modified in any way from the official form provided by WETT, it will no longer be considered to be an official WETT Inspection™ form.

Company: Mike Brinkos  
Address: 1053 Pine Lake Rd. Haliburton ON  
Website: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: 905-806-7503

INSPECTION LOCATION: ☒ Same as requested or:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Inspector's name: Mike Brinkos

WETT #: 12880

Reason(s) for inspection: ~~Insurance~~ Insurance Request, Home Purchase

Type of inspection requested: ☒ Visual ☐ Technical ☐ Invasive

Date of request: Oct 24<sup>th</sup>/23

Date of inspection: Oct 28<sup>th</sup>/23

**1. Visual Inspection:** This inspection includes the following:

- Measurements of clearances.
- Opening stove doors and all ground-accessible dampers/clean-out doors.
- Visual inspection of the chimney from the ground.
- WETT report documenting all noted deficiencies and red flags that may require a more detailed inspection, including all mandatory photos in the WETT Inspection Standards of Practice (SOP).
- Easily visible portions of the flue (such as first tiles of an open fireplace or top section if the inspector has accessed the roof).

**2. Technical Inspection:** This inspection includes the following:

- All visual elements of the system as indicated in Visual Inspection.
- Hands-on work which may include:
  - Taking apart flue pipes,
  - Opening clean-outs,
  - Entering the attic to view additional system components,
  - Accessing the chimney on the roof.
- Review of condition of components removed or exposed through hands-on work and quantity of creosote noted in components and where visible in chimney sections.
- All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with all mandatory photos.

**3. Invasive Inspection:** This inspection includes the following:

- All visual elements of the system as indicated in Visual Inspection.
- All hands-on work as indicated in Technical Inspection.
- General construction work to building elements including:
  - Opening of walls or ceilings,
  - Disassembly or invasive work on masonry or prefab chimneys,
  - Examination of chimney liners.
- All observations and recommendations documented on WETT Inspection forms, including work completed and areas accessed, along with mandatory photos.

- Inspection Results:** Indicate inspection results for each component. Code compliance = proper use of listed components. N/A = Not Applicable. UTI = Unable To Inspect.
- Suitable (Suitability)** refers to system components that appear to be mechanically and structurally able to provide their designed and intended function.
- Unsuitable** refers to components, or parts thereof, that are not mechanically or structurally suitable to maintain the function they were intended to perform.  
Note: an appliance that has been modified is no longer a certified appliance.
- This inspection report only documents the conditions at the time of inspection.
- All non-compliance ratings should be considered for comment. See "Comments" page(s).
- An inspection, at any level, can be expected to include some components marked UTI.
- Manufacturer's specific instructions/CSA B365/building code shall be used to complete this inspection form.
- Appliances are not fired as part of an inspection. This is not a performance inspection.
- The electrical system is not part of a solid-fuel inspection.
- Documentary evidence, including a valid certification number of the attending WETT-certified professional, is a mandatory requirement of the inspection process.
- Persons signing a declaration must have physically inspected the work.
- Use one inspection form per appliance. In a multi-chimney situation, this inspection form is limited to the related appliance.
- Inspectors are checking for "Code Compliance." They do not "Pass" or "Fail."
- Inspectors do not certify the appliance or the installation.
- Inspectors do not issue a WETT certificate with an inspection, they issue an inspection report.



# WOOD STOVE, FLUE PIPE (CSA B365-17) & MANUFACTURED CHIMNEY

|                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has the type of inspection been discussed prior to inspection?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                      | Appliance Make/Model/Serial #: <u>WH-165290</u>                                                                                                                                                                                                                                        |
| Are copies of building permit/s available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                             | Installation manual available: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input checked="" type="checkbox"/> Web download                                                                                                             |
| Time of day: Hours: <u>11:00</u> Minutes: <u>am</u> AM/PM                                                                                                                                                                                  | Certification Standard: <input checked="" type="checkbox"/> ULC S627 <input type="checkbox"/> EPA <input type="checkbox"/> CSA B415<br><input type="checkbox"/> Uncertified <input type="checkbox"/> Unknown                                                                           |
| Weather conditions (ice, snow, wind, rain, thunderstorm, sunny):<br><u>Sun</u>                                                                                                                                                             | Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH/ETL<br><input type="checkbox"/> OTL <input type="checkbox"/> Other/Comments: _____                                                                                    |
| Roofing type/material: <u>Steel Roof</u>                                                                                                                                                                                                   | Alcove approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                                      |
| Roof accessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Attic accessed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                  | Mobile home approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                                                                                                                                 |
| Chimney Make / Model: _____                                                                                                                                                                                                                | Flue Collar Size: <u>6"</u>                                                                                                                                                                                                                                                            |
| Installation manual available: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Original <input checked="" type="checkbox"/> Web download                                                                 | Is there a fan or blower attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                 |
| Listing Agency: <input type="checkbox"/> ULC <input type="checkbox"/> CSA <input checked="" type="checkbox"/> WH/ETL<br><input type="checkbox"/> OTL <input type="checkbox"/> Other: _____ UTI: _____                                      | Comments/condition of appliance (baffle plate, air tubes, bricks, gaskets, etc.): Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                         |
| Certification Standard: <input type="checkbox"/> ULC S604 <input checked="" type="checkbox"/> ULC S629<br><input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown                                                           | Installed in: <input type="checkbox"/> Residence (Part 9) <input type="checkbox"/> Modular Home (A277)<br><input type="checkbox"/> Mobile Home/Manufactured (Z240) <input type="checkbox"/> Alcove <input checked="" type="checkbox"/> Garage<br><input type="checkbox"/> Other: _____ |
| Comments/Condition of chimney (dents, corrosion, perforations, heat marks on outer wall, distortion, bulging, misaligned inner liner sections)<br>Suitable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See notes) | Appliance location: <input type="checkbox"/> Basement <input checked="" type="checkbox"/> Main Floor<br><input type="checkbox"/> Other (specify): _____                                                                                                                                |
| <input checked="" type="checkbox"/> Inside installation <input type="checkbox"/> Outside installation                                                                                                                                      | Appliance Installed by: _____ Date: _____<br><input checked="" type="checkbox"/> Unknown                                                                                                                                                                                               |
| Chimney Installed by: _____<br><input checked="" type="checkbox"/> Unknown Date: _____                                                                                                                                                     | Height of Chimney<br><input checked="" type="checkbox"/> UTI _____                                                                                                                                                                                                                     |



# WOOD STOVE, FLUE PIPE (CSA B365-17) & MANUFACTURED CHIMNEY

| CLEARANCE TO                                       | REQUIRED | ACTUAL | CODE COMPLIANCE                                                                                                                  | PHOTOS TAKEN                 |
|----------------------------------------------------|----------|--------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 1. Combustible right side wall                     | 46"      | 66"    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 2. Combustible left side wall                      | 46"      | 72"    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 3. Combustible rear wall                           | 36"      | 40"    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 4. Combustible corner – right side<br>(45 degrees) |          |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 5. Combustible corner – left side<br>(45 degrees)  |          |        | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 6. Top/ceiling                                     | 60"      | 92"    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |

| CLEARANCES/REQUIREMENTS        | REQUIRED                             | ACTUAL         | CODE COMPLIANCE                                                                                                                  | PHOTOS TAKEN                 |
|--------------------------------|--------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 7. Shielding ceiling           |                                      |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 8. Wall shielding – rear       |                                      |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 9. Wall shielding – right side |                                      |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 10. Wall shielding – left side |                                      |                | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 11. Ember pad material         | Continuous, durable, non-combustible | Concrete Floor | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 12. Ember pad – front          | Minimum 18"                          | Concrete       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 13. Ember pad – rear           | Minimum 8"                           | 11"            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 14. Ember pad – right side     | Minimum 8"                           | 11"            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 15. Ember pad – left side      | Minimum 8"                           | 11"            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |

| CLEARANCES/REQUIREMENTS                                                 | REQUIRED                                                            | ACTUAL                                                              | CODE COMPLIANCE                                                                                                                  | PHOTOS TAKEN                 |
|-------------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 16. Radiant heat floor protection material – uncertified appliance      | CSA B365-17: 8.1.4                                                  | _____                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 17. Radiant heat floor protection material – certified appliance        | _____                                                               | <u>Concrete Blocks</u>                                              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 18. Hazardous location                                                  | CSA B365-17: 4.3                                                    | _____                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 19. Outdoor combustion air                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | _____                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 20. Is CO alarm installed adjacent to each sleeping area?               | 9.33.4.2 (OBC)                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A                              | <input type="checkbox"/> Yes |
| 21. Is CO alarm present in same room with solid-fuel-burning appliance? | 9.32.4.2.3 (BCBC)                                                   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A                              | <input type="checkbox"/> Yes |
| 22. Is smoke detector present?                                          |                                                                     | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A                              | <input type="checkbox"/> Yes |

It is the homeowner's responsibility to ensure that the CO alarm is in working condition and installed in accordance with applicable codes.  
NOTE: WETT inspectors do not test the CO alarm, they just note if it is present.



## FLUE PIPE

Flue Pipe/ Connector: Type: ☐ Single-wall ☒ Double-wall ☐ ULC S641 Diameter: 6"  
Manufacturer: Selkirk Model: DSP Listing Agency: WH Is manual available? ☐ Yes ☐ No

| FLUE PIPE/ CONNECTOR REQUIREMENTS | REQUIRED       |             | ACTUAL      | CODE COMPLIANCE                                                                                                                  | PHOTOS TAKEN                 |
|-----------------------------------|----------------|-------------|-------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|                                   | Uncertified    | Certified   |             |                                                                                                                                  |                              |
| 23. Wall clearances – right side  | Unshielded 18" | Shielded 9" | <u>Open</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 24. Wall clearances – left side   | 18"            | 9"          | <u>Open</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 25. Wall clearances – rear wall   | 18"            | 9"          | <u>44"</u>  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |

| FLUE PIPE/ CONNECTOR REQUIREMENTS                                                                              | REQUIRED                                                 |                  | ACTUAL    | CODE COMPLIANCE                                                                 |                                                                     | PHOTOS TAKEN                 |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------|-----------|---------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|
|                                                                                                                | Uncertified                                              | Certified        |           |                                                                                 |                                                                     |                              |
| 26. (a) Clearances - horizontal pipe                                                                           | 18"                                                      | 9"               |           | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 26. (b) Clearances - ceiling                                                                                   | 18"                                                      | 9"               | 11"       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 27. Total length                                                                                               | Maximum 10'                                              | 9'               | Actual(s) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 28. Elbows                                                                                                     | Maximum 180°                                             | None             | Actual(s) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 29. Fastening                                                                                                  | 3 screws per joint                                       | Good             |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 30. Allowance for expansion                                                                                    | Elbow/ slip/ adjust                                      | Slip Joint       | Actual(s) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 31. Flue pipe orientation                                                                                      | Male end down                                            |                  |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 32. Joint overlap                                                                                              | Min 30 mm (1-3/16")                                      |                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> N/A                       | <input type="checkbox"/> No <input checked="" type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 33. Flue pipe slope                                                                                            | Min 1/4" per foot                                        | Vertical Install |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 34. Material - steel or other non-combustible material with a melting point of not less than 1100 °C (2000 °F) | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |           | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> No <input checked="" type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 35. Minimum thickness of flue pipe                                                                             |                                                          |                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> N/A                       | <input type="checkbox"/> No <input checked="" type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 36. Flue pipe condition                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Good             |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 37. Pipe shielding present                                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | not required     |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 38. Support: horizontal present                                                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 39. Barometric damper present<br>CSA B365-17: 4.4.4                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | none             |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 40. Flue-mounted heat reclaimers present<br>CSA B365-17: 4.4.1                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | none             |           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 41. Does the flue pipe pass through floors or ceilings?                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | NO               |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 42. Connection to factory-built chimney - Mfr. instructions                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A            | <input type="checkbox"/> No <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |

# FACTORY-BUILT CHIMNEY

| COMPONENT/CLEARANCE                                         | REQUIRED                                                                    | ACTUAL      | CODE COMPLIANCE                                                                                                                  | PHOTOS TAKEN                 |
|-------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| 43. Minimum horizontal extension beyond inside wall surface | _____                                                                       | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 44. Maximum horizontal extension beyond inside wall surface | _____                                                                       | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 45. Wall radiation shield                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 46. Base tee and cap                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 47. Base tee support                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 48. Wall support/band                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 49. Distance between supports                               | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 50. Chimney offsets                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | <u>none</u> | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 51. Offset support                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 52. Firestopping                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 53. Ceiling support                                         | <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Cathedral | _____       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |
| 54. Minimum vertical extension below ceiling                | _____                                                                       | _____       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI            | <input type="checkbox"/> Yes |
| 55. Attic radiation shield                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                    | _____       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> N/A <input type="checkbox"/> UTI | <input type="checkbox"/> Yes |

**69. Fire Code = 2.6.1.4. Chimneys, Flues and Flue Pipes**

**(1)** Every chimney, flue and flue pipe shall be inspected to identify any dangerous condition

a) at intervals not greater than 12 months, b) at the time of addition of any appliance, and c) after any chimney fire.

**70. Fire Code = 2.6.1.4.**

**(2)** Chimneys, Flues and Flue Pipes shall be cleaned as often as necessary to keep them free from dangerous accumulations of combustible deposits.

**Appendix A – A.2.6.1.4 (2)** The presence in a chimney of deposits of soot or creosote in excess of 3 mm thick will indicate the need for immediate cleaning, possible modification of burning procedures and more frequent inspections.

(Amount of creosote should be noted in comments section.)

**71. Fire Code = 2.6.1.4 3) A chimney, or flue pipe shall be replaced or repaired to eliminate**

a) any structural deficiency or decay

**Appendix A – A.2.6.1.4 (3) (a)** Structural deficiencies are deviations from required construction, such as the absence of a liner or inadequate design of supports or ties. Instances of decay are cracking, settling, crumbling mortar, distortion, advanced corrosion, separation of sections, or loose or broken supports

**72. Fire Code = 2.6.1.4. 3) A chimney, flue, or flue pipe shall be replaced or repaired to eliminate**

b) all abandoned or unused openings that are not effectively sealed in a manner that would prevent the passage of fire or smoke.



File reference #: Gordony-2023

Photos taken: ☒ Yes ☐ No Number of photos: 7

This checklist contains: 9 pages in total | This report contains: 9 pages in total.

Comments and observations:

All non-compliance ratings should be considered for comment. Add number of non-compliance line. More pages may be added.

No defects found at this time.

Please attach additional page(s) if needed

Customer signature: \_\_\_\_\_

Inspector signature: [Signature]

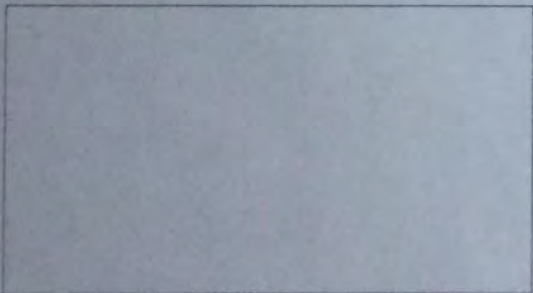
Inspector WETT #: 12840

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

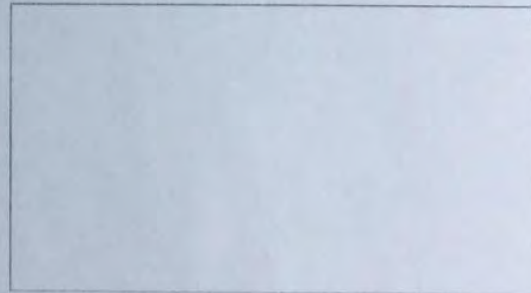
Date: Oct 28<sup>th</sup> 23

### PHOTOS:

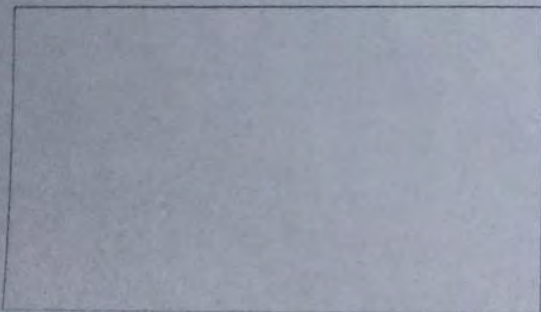
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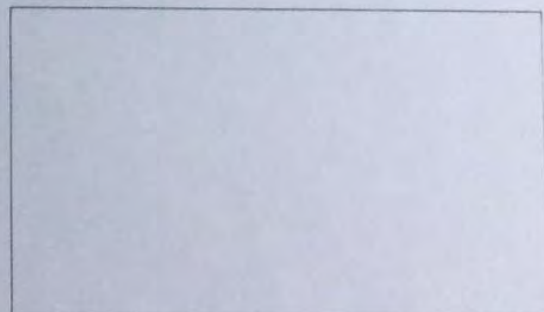
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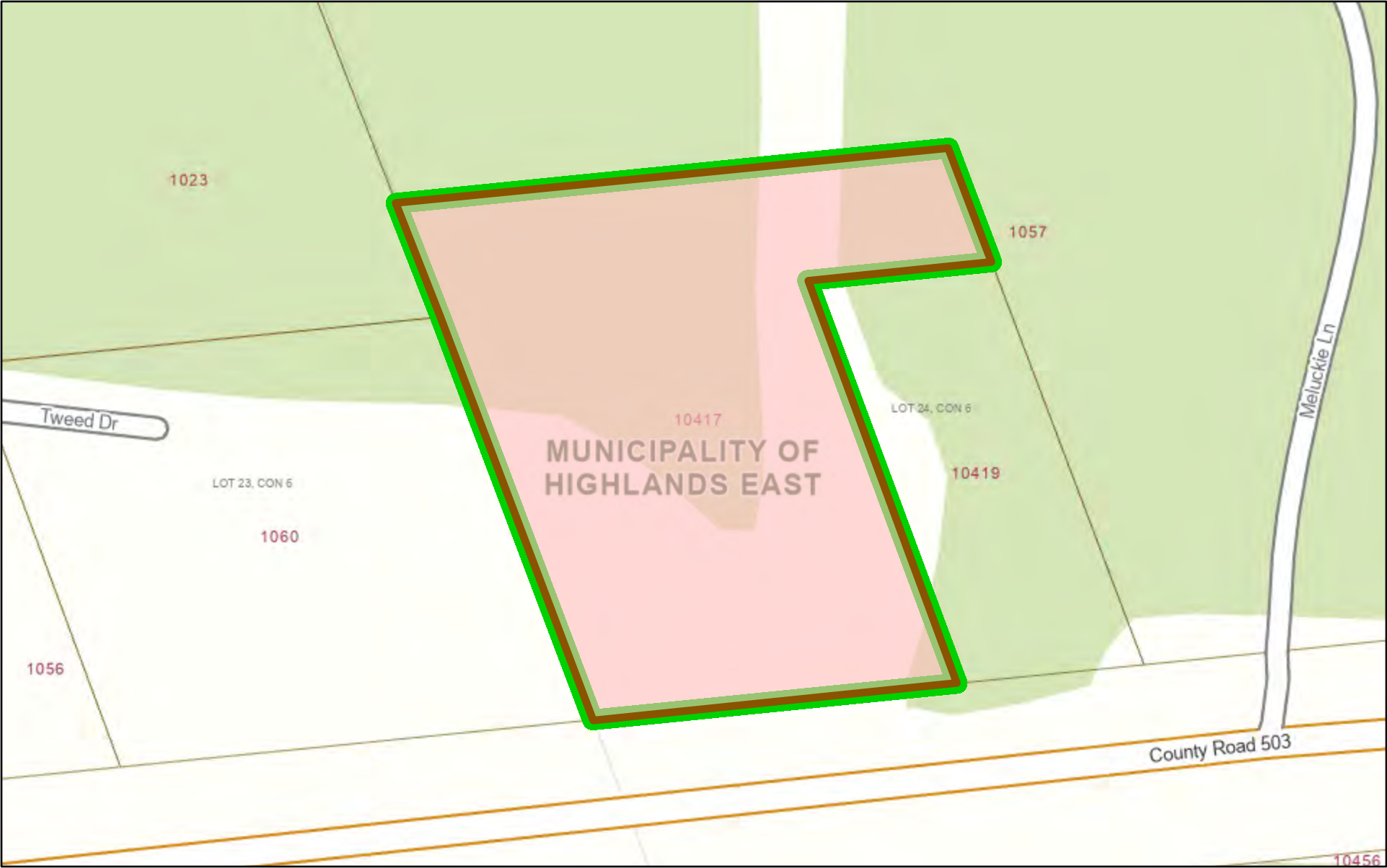
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Section #: Select one:



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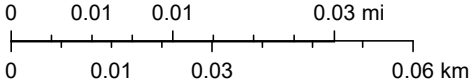


September 28, 2026

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