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# CERTIFICATE OF COMPLIANCE

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Submitted to: **Building Services  
Township of North Dundas  
636 St. Lawrence Street  
Winchester ON, PO Box 489  
K0C 2K0**

**OFFICE USE ONLY**

Date Received:

Received by:

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## Plumbing Contractor Details

Contractor Name	
Company Name	
Company Phone No.	
Company Email Address	
Immediate Supervisor (if applicable)	
Supervisor Contact No. (if applicable)	

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## Details of Plumbing Work

Project Address	
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Brief description of work (*plumbing works performed including location on permit plans*)

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**Certificate Details (select all that apply)****Drain, Waste, Vent (DWV) System**

Piping	<input type="checkbox"/> ABS	<input type="checkbox"/> PVC	<input type="checkbox"/> Other (specify):	
Test	<input type="checkbox"/> Water	<input type="checkbox"/> Air	<input type="checkbox"/> Ball	<input type="checkbox"/> Final
	<input type="checkbox"/> Other (specify):			
Test Time	Start:		End:	
Test Date				

**Potable Water System**

Piping	<input type="checkbox"/> Copper	<input type="checkbox"/> PEX	<input type="checkbox"/> Other (specify):	
Test	<input type="checkbox"/> Water	<input type="checkbox"/> Air	<input type="checkbox"/> Other (specify):	
Test Time	Start:		End:	
Test Date				

**I certify that testing of the plumbing works complies with the relevant provisions of the Ontario Building Code in effect at the time of construction.**

<b>License No.</b>	
<b>Date</b>	
<b>Signature</b>	

***Disclaimer:** This certificate is not to be construed as certifying that all plumbing work performed is in conformance with the applicable codes at the time of construction. This certificate may only be used to provide reasonable assurance to the Authority Having Jurisdiction (AHJ) that testing of the plumbing work was in accordance with the relevant sections of the Ontario Building Code in effect at the time of construction.*