

CHARTER TOWNSHIP OF YPSILANTI

OFFICE OF COMMUNITY STANDARDS

Building Safety • Planning & Zoning • Ordinance Enforcement • Police Services

HVAC CERTIFICATION

TO BE COMPLETED BY PERSON PERFORMING SERVICE

Property Address: _____

Property Owner: _____

Name of Certified Contractor: _____

Contractor License Number: _____

Date of Service/Inspection: _____

EQUIPMENT INSPECTED

_____ BOILER	Make: _____
_____ FURANCE	Model Number: _____
	Serial Number: _____
	Carbon Monoxide Reading: _____

DESCRIBE WORK PERFORMED

Is furnace/boiler, with required fire dampers, clean and safe to operate? ___ Yes ___ NO

Signature of Contractor

Date