



Building Department

Timothy Leach - Director

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FURNACE / BOILER CERTIFICATION

CONTRACTOR INFORMATION CONTRACTOR EMAIL

MECHANICAL CONTRACTOR _____
ADDRESS _____ CITY _____
LICENSEE NAME _____ LICENSE# _____
CIRCLE CATEGORY: 1 2 3 4 5 6 7 8 9 10A BCD E F
PHONE# _____ REGISTERED WITH CITY YES NO
IF NOT, YOU MUST REGISTER WITH THE CITY PRIOR TO ACCEPTANCE!

OWNER INFO AND LOCATION

JOB ADDRESS _____
OWNER NAME _____ PHONE _____

FURNACE / BOILER CONDITION

MAKE / BRAND _____ MODEL _____ SERIAL _____
CO TEST RESULT's _____ P.P.M. PASS FAIL
HEAT EXCHANGER CONDITION _____
LIMIT CONTROL CONDITION _____
GAS VALVE _____ FLAME SENSOR _____
VENTING CONDITION _____
CHIMNEY CONDITION _____ SIZE _____ TYPE _____
FILTER _____
EXPANSION TANK _____ GAS SHUT OFF _____
PRESSURE RELIEF SIZE/CONDITON _____
BACKFLOW PREVENTER _____

CONTRACTOR CERTIFICATION

ADDITIONAL COMMENTS _____

CONTRACTOR SIGNATURE _____ DATE _____