

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: _____

Furnace Model Number: _____

Serial Number: _____

Describe work performed:

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

Signature of Contractor

Date