

City of Westland

MOHAMED AYOUB
DIRECTOR

ROGER SHIFFLETT
BUILDING OFFICIAL

KEVIN COLEMAN
MAYOR



**PLANNING & BUILDING
DEPARTMENT**

36300 WARREN RD
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734-467-3210
BUILDING@CITYOFWESTLAND.COM

FURNACE / BOILER CERTIFICATION FORM

Contractor Information:

Mechanical Contractor Company Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Licensee Name: _____ License Number: _____

Mark the Category: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐A ☐B ☐C ☐D ☐E ☐F

Are you registered with the City: ☐YES ☐NO

(If NO, you must register with the City prior to acceptance.)

Owner Information:

Job Address: _____ Owner Name: _____

Owner Phone Number: _____ Owner Email: _____

Furnace / Boiler Information and Condition:

Furnace Make / Brand: _____ Furnace Model: _____

Furnace Serial Number: _____

CO Test Result's: _____ P.P.M.

Did the test pass or fail: ☐PASS ☐FAIL

Heat Exchanger Condition: _____

Limit Control Condition: _____

Gas Valve: _____ Flame Sensor: _____

Venting Condition: _____

Chimney Condition: _____

Chimney Size: _____ Chimney Type: _____

Filter: _____

Expansion Tank: _____ Gas Shut Off: _____

Pressure Relief Size and Condition: _____

Backflow Preventer: _____

Contractor Certification:

Additional Comments: _____

Contractor's Signature _____ Date: _____