

# City of Westland

**MOHAMED AYOUB**  
DIRECTOR

**ROGER SHIFFLETT**  
BUILDING OFFICIAL

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MAYOR



## PLANNING & BUILDING

### DEPARTMENT

36300 WARREN RD  
WESTLAND, MI 48185  
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: \_\_\_\_\_



/cityofwestland



/westlandadministration



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