

CITY OF ROMULUS
Department of Building & Safety
12600 S. Wayne
Romulus MI 48174
734-942-7550

RESIDENTIAL MECHANICAL CERTIFICATION FORM

This form must be completed by a **MECHANICAL CONTRACTOR LICENSED IN THE STATE OF MICHIGAN AND REGISTERED WITH THE CITY OF ROMULUS** stating all HVAC equipment on site is in good working order and safe to operate. Completed form must be submitted to the Department of Building & Safety prior to issuance of a certificate of occupancy.

Address of Structure _____ Suite # _____
Property I.D.# _____

Name of Contractor _____			
Address _____	City _____	State _____	Zip _____
Telephone No. _____		Fax No. _____	
State License #: _____		City of Romulus Registration #: _____	

Mechanical contractor must inspect and certify that the following items are in good working order and safe to operate:

1. _____ Number of furnaces
2. Furnace(s) has been cleaned & tested and is/are safe to operate
Yes _____ No _____ N/A _____
Method used for carbon monoxide testing _____
Carbon monoxide testing results _____ (0 ppm acceptable)
3. Boiler has been cleaned & tested for safe and proper operation
Yes _____ No _____ N/A _____
4. Humidifier is operational (if not operational repair, replace or remove and seal duct)
Yes _____ No _____ N/A _____
5. Air conditioner is operational (if not operational repair, replace or remove)
Yes _____ No _____ N/A _____
6. Furnace & water heater are vented safely and properly - Yes _____ No _____

Comments _____

I attest that all provided information is true to the best of my knowledge.

Mechanical Contractor Signature _____ Date _____