



Township of Mount Holly, New Jersey- An Enterprise Zone Community

Attn: Housing Office- 17 Pine Street, Mount Holly NJ 08060

609-864-1203 or 609-864-2464

HEATING SYSTEM CERTIFICATION

FORM MUST BE COMPLETELY FILLED OUT/ALL INFORMATION MUST BE SUPPLIED BY HVAC-R/MASTER PLUMBER

Contractors Name: _____

Address: _____

THIS IS TO CERTIFY THAT A QUALIFIED TECHNICIAN EMPLOYED BY THIS FIRM HAS CAREFULLY INSPECTED THE HEATING SYSTEM OF THE DWELLING LOCATED AT:

Inspected address: _____

Tested existing heating unit under operating conditions for worn, defective and missing parts; including all lines, ducts, thermostats, fuel tank, convectors, radiators, valve, grilles, gauges, registers, fitting, dampers, and flue. Checked flue for gas leaks, (carbon monoxide and sulphur dioxide). Flue meets code and clearance requirements for this type of heating unit.

The system is properly installed and is in good condition and safe operating condition, and with normal maintenance it is reasonably expected to continue to do so. The system is capable of providing at least 68 degrees inside temperature when outside is at zero degrees.

ALL SYSTEMS SHALL BE LEFT PROTECTED AGAINST FREEZING IF THE HEATING SYSTEM WILL BE DEACTIVATED UPON CONCLUSION OF THE TESTS.

Check here if the above system was not in good safe operating condition at the time of the inspection and itemize below all of the parts and/or replacements which were necessary to put it in good and safe operating condition, including any repairs of the system.

UNIT NAME	MODEL #	ITEMS	SERIAL NUMBER

I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgage or other party involved in the transaction. I further certify that I am authorized to execute this certification on behalf of the company listed below. Expires One (1) year from inspection date.

COMPANY: _____ INSPECTION DATE: _____

PHONE: _____ SIGNATURE: _____

PRINT NAME: _____

LICENSE NUMBER REQUIRED: _____

(SEAL)