Furnace Installation Certificate

*** Applicable to mechanical contractor installed furnaces affected by the to September 2010 flood ***

Home owner installed furnaces and manufactured home installations shall require an inspection by a building inspector and final approval of the installation. (Inspections must be scheduled by calling 507-444-4370)

Property Address: _____

Property Owners Name and contact phone number: _____

_____

Make/Model of appliance: _____ BTU's: _____

(Circle one): Direct Vent; Fan Assisted; Atmospherically Vented; Electric;

Furnace location: _____
(example: basement mechanical room, main floor closet, attic, garage, crawlspace, etc.)

This letter of certification shall serve as evidence that the Furnace installation is complete, installed to the adopted Mechanical and Fuel Gas Codes applicable in the State of Minnesota and City of Owatonna and applicable manufacturer's installation instructions. The following items have been verified correctly installed:

Check "X" on line if applicable.

I._____ Venting is installed through use of an existing chimney with approved liner or direct vented out the side wall and not within minimum vertical and horizontal clearances to openings back into the building. Venting meets the manufacturer's installation instructions. Venting and combustion air are a minimum of 12" above grade.

II._____ Combustion air is provided and sized according to code and manufacturer's requirements for all gas appliances within the space. (Mechanical combustion air worksheet to be submitted with form to Bldg Inspections).

III. _____ Electrical disconnect switch within 3' of furnace location.

IV. _____ New gas line installed? Yes / No Type of Gas line: CSST / Copper / Black Pipe / Plastic / Other

V. _____ Gas line and shut off valves have been air tested for 30 minutes at 25#'s and soap test performed on the appliance side of the shut off valve.

VI._____ CSST gas piping is bonded and all gas piping and connections have been air tested or soap tested.

VII. _____ Gas shut off valve ahead of appliance shut off/ gas inlet to appliance.

VIII. __ _____ Manufacturer's installation instructions left at site for owner.

IX. _____ Condensate line air-gapped at floor drain.

XI. _____ State Electrical Inspector has been contacted /notified of any new electrical wiring for inspection.
Contact Mr. Michael Anthony at 507- 465-3522 (M- F) (7am to 8:30am)

I certify the installation meets Minnesota State codes and manufacturer's installation requirements.

_____(installer signature) _____ (date)

_____(company) _____(address)

_____(city) _____(phone)