COMMUNITY AND ECONOMIC DEVELOPMENT DEPARTMENT
BUILDING DIVISION
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FLUE CERTIFICATION AND MINIMUM CLEARANCES

I hereby certify that all portions of this solid fuel and/or gas burning appliance installation, which are existing at the time of installation, meet or exceed the manufacturer's installation requirements and all applicable codes.

LOCATION OF INSTALLATION:

Name: _____

Address: _____

_____

Signature: _____

Date: _____

Contractor’s License Number: _____

By inputting or signing your name above, you are verifying that the statements and information submitted within this document are true and correct, and you are attesting to the validity of all contents that make up this submission.