

## SPRINGFIELD TOWNSHIP

2159 Jacksonville-Jobstown Road Jobstown, New Jersey 08041 (609) 723-2464 Fax (609) 723-6591

| Clerk / Land Use      | ext. 10 |
|-----------------------|---------|
| Police                | ext. 20 |
| Tax Collector         | ext. 14 |
| Tax Assessor          | ext. 19 |
| Construction / Zoning | ext. 21 |
| Manager               | ext. 22 |
| Finance               | ext. 11 |

## **HEATING SYSTEM CERTIFICATION**

| CONTRACTOR'S NAME:  |   |
|---|---|
| ADDRESS:  |   |
| THIS IS TO CERTIFY THAT A QUALIFIED TECHNICIAN EMPLOYED BY OF THE DWELLING LOCATED AT:  | THIS FIRM HAS CAREFULLY INSPECTED THE HEATING SYSTEM          |
| Site Address:   |   |
| ( ) Tested existing heating unit under operating conditions for value thermostats, fuel tank, convectors, radiators, value, grilles, gauge gas leaks (carbon monoxide and Sulphur dioxide). Flue meets code | s, registers, fitting, dampers, and flue. Checked the flue fo |
| ( ) The system is properly installed and is in good and safe operat expected to continue o do so. The system is capable of providing and degrees.   |   |
| ALL SYSTEMS SHALL BE LEFT PROTECTED AGAINST FREEZING CONCLUSION OF THE TESTS.   | IF THE HEATING SYSTEM WILL BE DE-ACTIVATED UPON               |
| ( ) Check here if the above system was not in good and safe operat all parts and/or replacements which were necessary to put it in go system.   |   |
| ITEMS   |   |
|   |   |
|   |   |
|   |   |
| I further certify that I have no interest, present or prospective, in to party involved in the transaction. I further certify that I am author listed below.  |   |
| COMPANY:  |   |
| SIGNATURE:  |   |
| TITLE & LICENSE NO:   |   |