

DATE: \_\_\_\_\_

TO: Building Inspector:

FROM DCF Worker: \_\_\_\_\_

DCF Office Address: \_\_\_\_\_

DCF Worker Phone # \_\_\_\_\_

Please complete the bottom section of this form certifying your inspection of a:

Wood  Coal  Kerosene  Propane  Other:

Heating source at the location listed below to insure that the installation and usage is in conformity with local building codes.

Name of Occupant:

Address: (No. and Street): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Owner (if different from Occupant):

Address: (No. and Street): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Any special directions or instructions to the home?

**CERTIFICATE OF INSPECTION**

I, \_\_\_\_\_, Building Inspector in the Town /City of \_\_\_\_\_

State of Connecticut, have on this date, \_\_\_\_\_ inspected the heating source indicated above

And found the usage to be:

- in compliance with state and local regulations; or  
 NOT in compliance with state and local regulations, for the reasons specified below:

Inspector's Signature

Date