



# CITY OF HARTFORD



DEPARTMENT OF DEVELOPMENT SERVICES  
260 Constitution Plaza  
Hartford, Connecticut 06103

**ARUNAN ARULAMPALAM**  
MAYOR

Telephone: (860) 757- 9200  
Fax: (860) 722-6074  
[www.hartfordct.gov](http://www.hartfordct.gov)

**RANDAL P. DAVIS**  
INTERIM DIRECTOR

## HEATING FACILITY CERTIFICATION

### I. IDENTIFYING INFORMATION

Address of Structure: \_\_\_\_\_  
Owners name(s): \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone Number: (    ) \_\_\_\_\_  
Inspection and Certification made by a representative of:  
Company name: \_\_\_\_\_  
Company address: \_\_\_\_\_  
Telephone number: (    ) \_\_\_\_\_ Inspection date: \_\_\_\_\_

### II. GENERAL INFORMATION

Number of dwelling units in building \_\_\_\_\_ Rooming units (if applicable) \_\_\_\_\_  
Number of Stories in building \_\_\_\_\_ Year of structure \_\_\_\_\_  
Type of Heat: Steam \_\_\_\_\_ Hot water baseboard \_\_\_\_\_ Hot air \_\_\_\_\_  
Fuel Source: Oil: #2 [    ] #4 [    ] #6 [    ] Electric [    ] Gas: [    ]  
Fuel Supplier: \_\_\_\_\_

III. Comments or remarks of the individual making inspections regarding any irregularities in the heating system that may be detrimental to the health and safety of the occupants of the building:

### IV. CERTIFICATION

The undersigned certifies that the above heating system has been inspected. The undersigned further certifies that any necessary repairs and adjustments have been carried out and that the heating system is in good operating order and capable of satisfactorily heating all dwelling units or rooming units in the building to a minimum interior temperature of 65 degrees F.

Signature \_\_\_\_\_ Date \_\_\_\_\_ License Number \_\_\_\_\_

***If there is more than one heating facility for this building, then please submit a separate Certification and specify the corresponding unit numbers.***