

THE CITY OF

Building Inspection Division



Owatonna

540 West Hills Circle
Owatonna, MN 55060-4794
Ph. (507) 444-4370
FAX: (507) 444-4351

Furnace Installation Certificate

Home owner and contractor installed furnaces and manufactured home installations shall require an inspection by a building inspector for 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 Bidg 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 offli7 gas inlet to appliance.

VIII. ___ Manufacturer's installation instructions left at site for owner. DC. ___ Condensate line air-gapped at floor drain.

VIII. ___ 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)