

**AFFIDAVIT OF INSTALLATION
GAS OR SOLID FUEL BURNING APPLIANCE
(To be completed by installer)**

Address of installation _____

Company Name _____

Address _____

Phone Number _____ Date _____

Type of appliance installed _____

Name of Installer (print) _____

Permit Number _____ Date issued _____

I certify that inspection was made of the fireplace, chimney, and flues and that all was in good condition and capable of acceptance and proper operation for the appliance installed.

I certify that the following repairs or alterations were necessary and made to the (check all applicable): fireplace chimney flue

Brief description of repairs necessary _____

Signature _____ Date _____

NO INSTALLATION IS TO BE MADE WITHOUT COMPLETION OF THIS FORM
(Form will be picked up by the Building Inspector upon inspection of work)