



ARUNAN ARULAMPALAM
MAYOR

CITY OF HARTFORD

DEPARTMENT OF DEVELOPMENT SERVICES
Division of Licenses and Inspections
Rental Licensing Program
260 Constitution Plaza
Hartford, Connecticut 06103-1822
Telephone: (860) 757- 9200
Fax: (860) 722-6074
Email: RentalLicensing@Hartford.gov
www.hartford.gov



JEFF AUKER
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.