

**OTTER TAIL COUNTY LICENSING**

CCL-002  
9/07

**FURNACE/GAS WATER HEATER/  
GAS FIREPLACE OR STOVE  
SAFETY INSPECTION**

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Type of Heating Source: \_\_\_\_\_

Gas Water Heater: Yes \_\_\_\_\_ No \_\_\_\_\_

Gas Fireplace/Stove: Yes \_\_\_\_\_ No \_\_\_\_\_

The above furnace, gas water heater and/or gas fireplace/stove had a safety inspection completed and:

\_\_\_\_\_ The appliance has been installed properly and is operating properly.

\_\_\_\_\_ The appliance has been inspected and all hazards found have been corrected.

DATE OF HEATING INSPECTION: \_\_\_\_\_

NAME OF HEATING CONTRACTOR: \_\_\_\_\_

BUSINESS NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER OF HEATING CONTRACTOR: \_\_\_\_\_

SIGNATURE OF HEATING CONTRACTOR: \_\_\_\_\_

SIGNATURE OF PROVIDER: \_\_\_\_\_