



RETURN FORM TO Regulatory Services, Inspection Services
Housing Inspector or Fire Inspector
 Return to the Inspector by mail or fax (612) 673-2110
 250 S. 4th Street – Room 300, Minneapolis, MN 55415
 311 or (612) 673-3000 TTY (612) 673-3300

NON-SPACE HEATING GAS FITTING SAFETY CHECK
 Including water heaters, ranges, dryers, gas lines to fireplaces, etc.

PROPERTY ADDRESS _____ **INSPECTION DATE** _____

******* Contractor must have the proper Minneapolis License in order to perform the safety check *******

LICENSED PLUMBING CONTRACTOR

NAME _____

ADDRESS _____

PHONE H () _____ W () _____

MPLS PLUMBING BUSINESS LICENSE # _____ **ISSUED BY CITY OF MINNEAPOLIS**

MASTER PLUMBER/GAS FITTER CERTIFICATE OF COMPETENCY

HOLDER'S NAME _____ **FIRM NAME** _____

A competent master/journey-person/plumber/gas fitter, employed by this firm, has visually inspected the non-space heating gas piping in the dwelling listed above. This visual inspection has revealed that the entire interior gas system is consistent with City Code Enforcement Standards for non-space heating gas piping and water heater (including temperature and pressure relief valve, gas supply to heater and gas venting of the water heater).

As a representative of this firm, I am authorized to sign this interior plumbing/gas fitting safety check on behalf of the person holding the master plumber/ gas fitter certificate of competency for this firm. This safety check as to the condition of the interior gas system is based upon a visual inspection made on the date stated above and at the address listed above. If the interior gas piping are subsequently found to be in nonconformance, such nonconforming conditions shall be determined to have occurred after this visual inspection was made.

I further certify that I have no interest, present or prospective, in the property, buyer, seller, broker, mortgagee or other party involved in the transaction.

WARNING: Whoever, for the purpose of influencing in any way the action of this office, makes, passes, utters or publishes any false statement shall be turned over to the City Attorney for prosecution. Also, the Licensing Authority and Bonding Agent for the installer shall be notified for appropriate action.

FIRM REPRESENTATIVE

SIGNATURE _____ **DATE** _____

TITLE _____