

## FORM B - MECHANICAL EQUIPMENT

Property Owner's name \_\_\_\_\_

Affected Property Address \_\_\_\_\_

To Division of Building Inspection,

I hereby certify that I have thoroughly inspected the following mechanical equipment that was damaged / flooded by the recent storm. After inspection it has been determined that the following units are to be repaired/reconditioned or replaced [indicate below for each unit inspected]:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input type="checkbox"/> Boiler             | <input type="checkbox"/> Repair/recondition | <input type="checkbox"/> Replaced |
| <input type="checkbox"/> Furnace            | <input type="checkbox"/> Repair/recondition | <input type="checkbox"/> Replaced |
| <input type="checkbox"/> Hot Water Heater   | <input type="checkbox"/> Repair/recondition | <input type="checkbox"/> Replaced |
| <input type="checkbox"/> Other [List] _____ | <input type="checkbox"/> Repair/recondition | <input type="checkbox"/> Replaced |

### Repair/Recondition Units – [Complete this section if applicable]

I hereby state that the above noted units that are to be repaired/reconditioned have been serviced in accordance with manufacturer's specifications and is [are] in proper working condition as of this date. I also confirm the following:

All electronic controls, wiring and motors have been evaluated and the following performed:

- Repaired/Reconditioned                       Replaced

All flame safeguard controls, ignition transformers and safety shut off valves on the fuel system have been replaced as is required:

- Confirmed

All electronic controls, wiring and motors that came in contact with salt water have been replaced:

- Confirmed

**Note: According to the National Electrical Manufacturers Association [NEMA] all electrical devices, equipment and wiring affected by salt water are required to be replaced. This includes control wiring for heating equipment.**

### Replaced Units

I hereby state that I will be replacing the above noted units. I understand that it is my responsibility to file the appropriate trade permit and schedule the appropriate inspections with the Division of Building Inspection prior to operating the units. I also understand that if the units are gas fired the inspections are required to be approved prior to the Division of Building Inspection's notification to the Gas Co. that it is acceptable to restore the gas service to the building.

Contractor's Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ CT Lic. No. [P-1 – S-1] \_\_\_\_\_ Phone No. \_\_\_\_\_