



**Department of Health & Human Services  
One Municipal Plaza, Room 111  
Bloomfield, NJ 07003  
Heating System Registration Form - 3 Units or More**

**FOR PREVIOUSLY REGISTERED: Print or Type only updated information.**

**FIRST TIME APPLICANTS: Complete the entire form.**

(See instructions on reverse side of this form)

1. Is this an Amended Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Total # of Buildings serviced by heating unit  Building #'s Served _____	3. Building use (check one) 1. <input type="checkbox"/> Multiple Dwelling      2a. <input type="checkbox"/> Dormitory      2b. <input type="checkbox"/> Hotel      2c. <input type="checkbox"/> Other _____ <span style="float: right;">(Describe)</span>		
4. Number of: Dwelling Units ____ Rooming Units ____ Total ____	5. Stories 6. Year Constructed A. Before 1977 ____/____ (mo./yr.) B. After 1/1/77 Date Cert. of Occ. Issued ____/____ (mo./yr.)	7. Life Hazard Registered as Life-Hazard Use as per uniform Fire Code <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, DFS Reg No. _____	8. Construction Type: <input type="checkbox"/> Masonry & Concrete <input type="checkbox"/> Masonry & Steel <input type="checkbox"/> Masonry Wood Frame <input type="checkbox"/> Wood Face & Wood Frame
9. Owner: Private _____ Corporation _____  List <u>Registered Agent for corporation</u>	Name _____ Address _____ City _____ Name _____ Address _____	Fed. ID# or SS# _____ County _____ State _____ Zip _____ City _____ State _____ Zip _____	Tel # _____  Tel # _____
10. Property Information	Block # _____ Address Number _____ City BLOOMFIELD	Lot # _____ Street _____ State NJ Zip 07003	Name of Building (if any) _____
11. Emergency Contact Person: Individual, manager or superintendent who can authorize emergency repairs and expenditures during after hours & normal work hours	Name _____ Address _____	City _____ State _____ Zip _____	Tel # _____
12. Service/Repair Contractor	Name _____ Address _____	City _____	State _____ Zip _____
13. Type of Fuel	1. <input type="checkbox"/> Oil & Grade      2. <input type="checkbox"/> Natural Gas      3. <input type="checkbox"/> Propane Gas      4. <input type="checkbox"/> Other _____ <span style="float: right;">(Describe)</span>		

# Department of Health & Human Services

One Municipal Plaza, Room 111  
Bloomfield, NJ 07003  
973-680-4024

## ANNUAL INSPECTION HEATING SYSTEM CERTIFICATION FORM

**PROPERTY IDENTIFICATION**

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_

**TYPE OF HEAT**

Hot Air  Hot Water  Steam   
Electric  Gas  Oil

### Heating System Inspection Check List

NO.	ITEM	NEEDS REPAIR	OPERATIONAL	NOT APPLICABLE
1	Test Under Pressure			
2	Burner			
3	Fuel Tank			
4	Controls			
5	Lines			
6	Ducts			
7	Steam Piping			
8	Quick Vents			
9	Return Lines			
10	Automatic			
11	Feed Valves			
12	Low Water Cut Off			
13	Circulating Pump			
14	Limit Control			
15	Dampers			
16	Base of Flue			
17	Relief Valve			
18	Fittings			
19	Thermostats			
20	Tankless HW Heater			
21	Paracoil			
22	Insulation			
23	Ventilation			
24	Boiler			
25	Tubes (Leaking)			
26	Shell (Leaking)			
27	Mud Lay			
28	Tube Sheet			
29	Boiler Refractory			
30	Boiler Setting Incomplete			

Comments:

**Inspection Agency Certification**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Attach a copy of your company's inspection invoice for certification.