

Benoure Plumbing & Heating, Inc.

34 Commerce Avenue
S. Burlington, VT 05403
Phone 802-864-7156
Fax 802-864-7167

Date of Inspection:

07 / 21 / 10

Heating and Venting System Documentation Form

Name of Owner of Inspected Unit: Gene Richards

Address of Inspected Unit: 4 Kellogg Rd Essex Jct Unit # _____

Heating System(s) Type:
(Check all that Apply)

- Space Heater
- Warm Air Furnace
- Wall Mount Furnace
- Boiler
- Gas Fireplace
- Other

Fuel Type:

- Natural Gas
- Oil
- Propane

Venting System(s):
(Check all that Apply)

- Direct Vent
- B-Vent
- Masonry *
- Other

*All masonry chimneys lined or unlined need to be inspected by qualified chimney sweep

Model # of Boiler/Furnace/Fireplace: York
Location of Heating System: GA 62UA-060521B

System Passed System Failed If System Failed, Next Appt: ___/___/___

Company Conduction Inspection:
Benoure Plumbing & Heating, Inc.

Person Conducting Inspection:
(Please Print)
David P. Lechance

Licensure for plumbing & heating?
 Yes No License #: Pm 4084

Certification for gas equipment?
 Yes No Cert #: GN 2057

I have inspected the heating and venting system (s) and certify that it is/they are installed properly and is/are operating safely at this time.

Signature of Inspector: David P. Lechance

Comments: _____

CARBON READING PRINTOUT