

Village of Williamsville



716-632-4120
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5565 Main Street
Williamsville, New York 14221

VILLAGE OF WILLIAMSVILLE

SOLID / GAS FUEL BURNING APPLIANCE SYSTEM

CERTIFICATION STATEMENT

DATE: _____

I, _____
Installer

Company Name

Certify that the :

(Solid / Gas fuel burning appliance type)

installed at _____ (address)

under Building Permit Number: _____

has been installed according to manufacturer's instructions, the New York State Uniform Fire Prevention and Building Code and all applicable generally accepted standards.

Signature

Printed Name

*****NOTE: This signed statement must be submitted to the Building Department before a Certificate of Compliance can be issued for the work performed.**