

Permit No.: _____

Date: _____

Village of Elmsford

BUILDING DEPARTMENT
15 SOUTH STONE AVENUE, ELMSFORD, NY 10523
Building Dept (914) 345-1553
Fax (914) 592-8129

THIS CERTIFIES THAT THE GAS PIPING IN THE BUILDING IDENTIFIED BELOW HAS SUCCESSFULLY PASSED A LEAKAGE TEST.

The following information is to be completed in full.

SITE DATA:

Number of Meters _____

Street Address: _____

Meters Tested _____

OWNER:

Name: _____

Address: _____

PLUMBER:

Name: _____

(Westchester County License #)

Address: _____

Signature: _____

Date: _____

Sworn to before me this _____ day of _____, 20_____

Notary Signature: _____

Seal

THIS CERTIFIES THAT THE CHIMNEY FLUE AND BASE

HAS BEEN CLEANED FROM TOP TO BOTTOM HAVE BEEN INSPECTED AND FOUND TO BE CLEAN

BUILDER / CONTRACTOR / DEVELOPER:

Name: _____

(Westchester County License #)

Address: _____

Signature: _____

Date: _____

WILL BE CLEANED FROM TOP TO BOTTOM

OWNER:

Signature: _____

Date: _____

Sworn to before me this _____ day of _____, 20_____

Notary Signature: _____

Seal

Village Inspector's Signature _____

Inspection Date: _____

cc. Village of Elmsford
15 South Stone Avenue
Elmsford, NY 10523

Con Edison
511 Theodore Fremd Avenue
Rye, NY 10580

NOTE: THIS FORM IS NOT VALID AND SHALL NOT BE ACCEPTED WITHOUT THE VILLAGE OF ELMSFORD INSPECTOR'S SIGNATURE.