

**CHARLEVOIX COUNTY
DEPARTMENT OF BUILDING SAFETY
301 State Street, Suite #5
Charlevoix Mi. 49720**

Phone # 231-547-7236 Fax # 231-547-7250

Website: www.charlevoixcounty.org

Office hours: 7:00 am to 4:00 pm Monday – Friday

Check list for all new residential boilers as required under section M200.1.1.1 MRC

Date: _____ **Permit #** _____

Boiler location:

Address: _____

City: _____ **State:** Mi. **Zip:** _____

Boiler serial number: _____

Low-water cutoff: Flow switch ____ Probe unit ____

Add on ____ Built-in ____

High limit: Add on ____ Built-in ____ Set-temperature ____

Pressure-relief valve: Approved for boiler ____ Test check ____

Fuel supply: Nat ____ LP ____ Electric ____

Gas pressure: Inches of water column _____

Pressure/temperature gauge: Add on ____ Built-in ____

Operation pressure _____

Burner check: Gas and combustion-air mixture in accordance with manufacturer's
Instructions _____

Contractor: _____

Test person print name: _____

Signature of test person: _____

