

RESIDENTIAL HEATING

Rev 10/13/2011

To Property Owner/Manager/Agent:

The City of Crystal has adopted City Code Chapter 400, Section 425, known as the "Property Maintenance Code," which establishes minimum standards to protect the health and safety of occupants of residential property in Crystal.

Many property owners/managers have confused the legal dates of the public utility's (Xcel Energy and Center Point Energy) shut-off requirements (October to April) with the code requirements to provide heat. To clarify this specific requirement, note that a property owner/manager is responsible to maintain the heat in all habitable rooms, bathrooms and toilet rooms at 68° F (20° C) any time throughout the year. Failure to do so may result in enforcement action. The law does not allow occupants to remain in a dwelling that lacks basic services (heat, light, water). [*Crystal City Code Chapter 400, Section 425 Crystal Property Maintenance Code, Division 425.0 Adoption of international property maintenance code by reference. Subd. 2. Revisions, Section 602.2 and Section 602.3 of the International Property Maintenance Code, 2006 edition*]

To assure that safe heating equipment is maintained the Building Safety and Inspection Division may require documentation by a licensed mechanical contractor of current service of all heating or space heating equipment. The documentation of the service must include a carbon monoxide reading. A form has been furnished (see the back of this sheet) for a licensed mechanical contractor to complete. Have the contractor complete the form and return it to the inspector during the inspection process. This will expedite the issuing of rental licenses and property maintenance certificates. Most importantly it will help to assure the safety of occupants and the protection of property.

Crystal anticipates your cooperation with Building Safety and Inspection Division efforts to maintain a high level of health and life safety for the occupants of residential property in the City of Crystal.

Thank you.

City of Crystal
Building Safety and Inspection Division
4141 Douglas Drive North
Crystal, MN 55422
763-531-1000
763-531-1188 fax

City of Crystal
Building Safety & Inspections Division
4141 Douglas Dr N Crystal, MN 55422
EXISTING FUEL BURNING EQUIPMENT SAFETY TEST REPORT
(Use separate form for each appliance)

Address: _____ Date: _____

Owner: _____

TYPE OF HEAT:

Gravity Air _____ Forced Air _____ Gravity Hot Water _____ Forced Hot Water _____
Steam _____ Unit Heat _____ Space Heat _____ Other _____

TYPE OF FUEL: Gas _____ Oil _____ Other _____

GAS DESIGN

Make of Burner _____
Model _____
Serial _____
Input _____

CONVERSION

Make _____
Model _____
Max. BTU Rating _____
Make of Furnace _____

Equipment venting type: Atmospheric _____ Induced Fan _____ Other _____

Total BTU input of all vented gas appliances per chimney: _____

Type of Chimney: Masonry _____ Class B _____ Other _____

Type of Liner: None _____ Metal _____ Clay Tile _____

Combustible Air Supply Required? : Yes _____ No _____ Installed? : Yes _____ No _____

<u>Safety & Operating Control Tests:</u>	<u>Yes</u>	<u>No</u>	<u>Fuel Analysis/Flue Analysis</u>	<u>Yes</u>	<u>No</u>
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Pilot/Flame Safeguard Operating Properly	_____	_____	Vent Properly Without Spillage	_____	_____
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Limit(s) Operating Properly	_____	_____	Flame Stays Inside/Doesn't Roll Out	_____	_____
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Operator(s) Operating Properly	_____	_____	Burner Lights Smoothly	_____	_____
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Low Water Cut-Off Operating Properly	_____	_____			
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All Controls Operating Properly	_____	_____	<u>Visual Inspection</u>	<u>Yes</u>	<u>No</u>
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	<u>Initial</u>	<u>Final</u>	RPZ Installed [MSPC 4715.2110]	_____	_____
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Stack Temperature	_____ F/Net	_____ F/Net	Fuel Piping System-Okay	_____	_____
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Oxygen	_____ %	_____ %	Vent Systems-Drafthood,	_____	_____
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Carbon Dioxide	_____ %	_____ %	Connector, Vent Chimney- Okay	_____	_____
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Carbon Monoxide	_____ %/ppm	_____ %/ppm	Heating Unit – Okay	_____	_____
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Carbon Monoxide Detector (tube type) Positive _____ Negative _____

Look At Total Heating System Before You Leave: **Yes** **No**

Does system operate safely and properly? Yes _____ No _____

COMMENTS: _____

Name of Licensed Contractor: _____ Phone # _____

Address: _____

Person Doing Test: (print) _____ (signature) _____

Contractor License Number _____ Issuing Jurisdiction _____