



This report is to be used to certify combustion appliance flue vents present during re-roofing. Acceptance is at the discretion of the Building Official.

DATE	ROOFING PERMIT NO.
ADDRESS	

I, _____ (qualifier) hereby certify that:

- No alteration, repair or replacement of fuel burning appliances was performed during reroofing.
- After inspection and testing, the existing flue vent system has been found to be in sound condition, without any leakages and can safely be reused.
- The existing flue vent system has been safely reconnected and attached as required by FBC, FBC / FG 502, 503.6 and 503.7 as applicable.

COMPANY NAME		
MEDICAL, PLUMBING, LP GAS CAT I OR CAT V CONTRACTOR NO.	LAST FOUR DIGITS (4) OF QUALIFIER SSN	
QUALIFIER NAME		
ADDRESS		
CITY	STATE	ZIP

Signature of Mechanical, Plumbing or LP Contractor _____

STATE OF FLORIDA COUNTY OF MIAMI-DADE

Sworn to and subscribed before me by means of

physical presence OR online notarizations

this _____ day of _____, 20____,

by _____

Signature of Notary Public _____

Print Name _____

**NOTARY
(SEAL)**

Personally known _____

or Produced Identification _____

Type of Identification Produced _____