

**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.