



**CITY OF CLEVELAND**  
**DEPARTMENT OF BUILDING AND HOUSING**  
 Cleveland City Hall  
 601 Lakeside Avenue  
 Cleveland, Ohio 44114

Complete all sections; type or print neatly

**SYSTEM CERTIFICATION OF  
 RENTAL UNIT HEATING SYSTEM  
 COMMERCIAL 4 UNITS OR MORE**

(Cleveland Code, CCO 365.02 (d)(1))

**THIS FORM TO BE SUBMITTED ONLINE OR TO:  
 Room 517 Cleveland City Hall.  
 ALONG WITH PROPERTY REGISTRATION**

**1 Filing Information** Rental Registration # \_\_\_\_\_ Inspection Date: \_\_\_\_\_

**2 Location Information – Must use the address assigned by the City’s Board of Revision of Taxes**

Building Address: \_\_\_\_\_ Parcel # \_\_\_\_\_  
 Owner/Agent/Site Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**3 Building Characteristics**

Principal Occupancy: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Height: \_\_\_\_\_  
 Number of Dwelling Units: \_\_\_\_\_ Number of Heating Systems \_\_\_\_\_

**4 Inspection Status Information**

<input type="checkbox"/> SAFE CONDITION	<input type="checkbox"/> NOT OPERATING/ NO HEAT	<input type="checkbox"/> UNSAFE / IMMINENT DANGER
<input type="checkbox"/> 5-1 Air Distribution Systems	<input type="checkbox"/> 5-13 Free-Standing Fans (e.g., exhaust, transfer, return)	
<input type="checkbox"/> 5-2 Air Handlers	<input type="checkbox"/> 5-14 Fan Coils, Hot Water & Steam Unit Heaters	
<input type="checkbox"/> 5-3 Chillers-Absorption	<input type="checkbox"/> 5-15 Furnaces, Unit Heaters	
<input type="checkbox"/> 5-4 Chillers-Air Cooled	<input type="checkbox"/> 5-16 Indoor Section Duct-Free Splits	
<input type="checkbox"/> 5-5 Chillers- Water Cooled	<input type="checkbox"/> 5-17 PTAC (Package Terminal Air Conditioners)	
<input type="checkbox"/> 5-6 Boilers	<input type="checkbox"/> 5-18 PTHP (Package Terminal Heat Pumps)	
<input type="checkbox"/> 5-7 Condensing Units	<input type="checkbox"/> 5-19 Pumps	
<input type="checkbox"/> 5-8 Control Systems	<input type="checkbox"/> 5-20 Rooftop Units	
<input type="checkbox"/> 5-9 Cooling Tower and Evaporative Cooled Devices	<input type="checkbox"/> 5-21 Steam Distribution Systems	
<input type="checkbox"/> 5-10 Dehumidification and Humidification Devices	<input type="checkbox"/> 5-22 Terminal and Control Boxes (e.g., VAV, fan powered, by)	
<input type="checkbox"/> 5-11 Engines, Micro-Turbines	<input type="checkbox"/> 5-23 HVAC Water Distribution Systems	
<input type="checkbox"/> 5-12 Free-Standing Heating or Cooling Coils	<input type="checkbox"/> 5-24 Water Source Heat Pumps	

**MUST CHECK ALL REQUIRED INSPECTIONS CONDUCTED PER ASHRAE/ ACCA STANDARD 180**

**5 Professional Responsible for Inspection**

Name: \_\_\_\_\_ Company: \_\_\_\_\_ License #: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Company Phone/Fax/Email: \_\_\_\_\_

**6 Owner of Record Information (NOT Agent, Site Contact or Business Manager)**

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Company Phone/Fax/Email: \_\_\_\_\_

**7 Signature Statements**

**FOR OWNER / OWNER REPRESENTATIVE**

I hereby state that I am the owner(s) representative of the premises referenced in the inspection report. Furthermore, I have received and read a copy of the report and am aware of the required repairs and/or maintenance, if any, and the recommended time frame for the same. I certify that all items noted for actions in the previous cycles report have been corrected / repaired.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**FOR PROFESSIONAL:**

I hereby state that the owner(s) representative has authorized me to submit this report. Furthermore, I hereby state that all reporting and inspection requirements have been met and that all statements are correct and complete to the best of my knowledge. A copy of this report has been given to the owner(s) representative.

APPLY  
SEAL HERE

SIGNATURE: \_\_\_\_\_

