

**CERTIFICATION
OF
HIGH ALTITUDE ADJUSTMENT**

This form must be completed and returned to the Building Department in order to receive final approval for the project and/or gas service.

PLEASE PRINT FOLLOWING INFORMATION

The mechanical contractor hereby certifies that the mechanical equipment installed at

(Physical street address of the project)

was adjusted for high altitude per the equipment manufacturer's installation instructions and listing.

Building Permit # _____ **Date of Certification:** _____

Type of Device: # _____

(please complete a separate certificate for each device)

Certifier's Name: _____

Contractor Business Name: _____

Contact Phone/Cell number: _____

X _____
Signature of certifier