

Missoula City-County Health Department Certificate of Compliance for Solid Fuel Burning Devices

Within the Air Stagnation Zone, it is unlawful for any person to complete or allow the completion of the sale, transfer or conveyance of any real property unless a Certificate of Compliance is filed with the Missoula County Clerk and Records Office.

Property Description:

Street Address: _____ SUID# _____
 Subdivision or COS # _____ Lot(s) _____
 Township _____ Range _____ Section _____ 1/4 Section _____ Geocode _____

Check the one square that applies:

- There are no solid fuel burning devices on this property as of _____, 20_____.**
- The following solid fuel burning device(s) located on the property meet the requirements of Rule 9.118(2) (legally installed class I woodstove or commercially manufactured pellet stove, fireplaces or wood-fired furnaces) and can remain on the property to be sold.** If this box is checked a certified inspector must sign below: Please note all types and number of solid fuel burning devices that remain on the property
- ◇ Fireplaces # _____
 - ◇ Woodstoves # _____ Manufacturer & Model # for each _____
 - ◇ Pellets Stoves # _____ Manufacturer & Model # for each _____
 - ◇ Wood fired forced air or water furnace _____

At the time of the inspection, this property contained only those solid-fuel burning devices listed above. These devices meet the criteria of Rule 9.118(2) (fireplaces, legal class I woodstoves, legal commercially manufactured pellet stoves or wood-fired furnaces). This certificate does not constitute a warranty or guarantee that the solid fuel burning devices on the property meet any other standards of operation, efficiency or safety.

Inspector Signature: _____ Date Inspected _____
 Representing: _____

I hereby certify that the information provided on this form is true and correct.

Seller's Name(s) _____ **Signature(s):** _____

Acknowledged before me this _____ day of _____, 20_____.

 Notary Public for the State of Montana
 Residing at _____
 My Commission expires _____

(Notary Seal)

Agent for the Seller _____ **Signature:** _____

Company _____ **Address:** _____

Acknowledged before me this _____ day of _____, 20_____.

 Notary Public for the State of Montana
 Residing at _____
 My Commission expires _____

(Notary Seal)

Buyer's Name(s) _____ **Signature(s):** _____

Acknowledged before me this _____ day of _____, 20_____.

 Notary Public for the State of Montana
 Residing at _____
 My Commission expires _____

(Notary Seal)