

Oregon Residential Specialty Code M1505.4

Balanced Mechanical Whole-House Ventilation System Installed

Permit No.: _____ Jurisdiction: _____

Site Address: _____

Subdivision/Lot #: _____

and/or

Map and Tax Lot #: _____

By my signature below, I certify that the Mechanical Whole-House Ventilation System has been installed at the address listed above per the requirements of the Oregon Residential Specialty Code and Section M1505.4.

Signature: _____
Owner/General Contractor/Authorized Agent

Date: _____

Print Name: _____