

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK LOT	_ QUALIFICATION CODE	_ PERMIT#
WORK SITE ADDRESS		
Owner in Fee		<u> </u>
Verifying Individual	Company	
Address		
Street	City	State Zip Code
Tel: ()	Fax: ()	
Check the Appropriate Box(es): Type of Replacement:	.	
Oil to Gas Conversion Gas to Oil Conversion Gas Appliance Replacement Oil to Oil Replacement Other Type Appliance 1:	[] "B" Label Vent [] "L" Label Vent [] Flexible Liner [] Power Vent/Exhauster [Fuel Type Oil / Gas / Other:] Other BTU Rating (input/hour)
Appliance 7:	Oil / Gas / Other	
Appliance 3:	Oil / Gas / Other:	
••	CHIMNEY LINER	
	d, all documentation on the liner must a Model:	
Material of Liner: Stainless Steel		
	Size of Liner:	Height of Chimney:
Length of Connector.	Vent Connector Rise:	
] Natural Draft [] Fan-assisted	
PLEASE SIGN ON For Oil or Coal to Gas Conversions	IE OF THE FOLLOWING VERIFICATION:	ON STATEMENTS
I have verified that the chimney/vent is	s in good repair and clear of obstruction coal appliance. I have verified that the c	n and is substantially clean of residue himney/vent is appropriately lined and
	Signature	Date .
Oil to Oil or Gas to Gas Replacemer		
I have verified that the existing chimner chimney/vent is appropriately lined and	y/vent is in good repair and clear of obst d sized for the appliance(s) being install	ruction. I have verified that the existing led and/or remaining.
Direct Vent Appliance:	Signature	Date
	ing installed is a direct vent appliance. I t r any remaining appliances.	further verify that the existing chimney
Verification Not Submitted:	Signature	Date
	derstand that I will be required to be pre	esent for the inspection to remove and
	Signature	Date SED WITH YOUR DEPMIT APRIL 10

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

All applicable information requested on this form must be supplied.

This form may not be submitted by a homeowner in lieu of the required inspection.