CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

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

BLOCK _____ LOT _____ QUALIFICATION CODE_____ PERMIT # _____

Work Site Address _____

Owner in Fee _____

Verifying Individual_____ Company _____

Address _____
Street City State Zip Code

Tel: (_____) _____ Fax: (_____) _____

Check the Appropriate Box(es):

Type of Replacement: **Existing Vent/Chimney:** **Size ___**

☐ Oil to Gas Conversion	☐ "B" Label Vent	☐ Chimney-Interior
☐ Gas to Oil Conversion	☐ "L" Label Vent	☐ Chimney-Exterior
☐ Gas Appliance Replacement	☐ Flexible Liner	☐ Masonry Chimney-Tile Lined
☐ Oil to Oil Replacement	☐ Power Vent/Exhauster	☐ Masonry Chimney-Unlined
☐ Other _____		☐ Other _____

	Type	**Fuel Type**	**BTU Rating (input/hour)**
Appliance 1:	_____	Oil / Gas / Solid: _____	_____
Appliance 2:	_____	Oil / Gas / Solid: _____	_____
Appliance 3:	_____	Oil / Gas / Solid: _____	_____

CHIMNEY LINER

If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.

Manufacturer:_____ Model:_____ UL Listing:_____

Material of Liner: Stainless Steel ☐ Aluminum ☐

Size of Appliance Vent: _____ Size of Liner: _____ Height of Chimney: _____

Length of Connector: _____ Vent Connector Rise: _____

How does the appliance vent? ☐ Natural Draft ☐ Fan-assisted ☐ Other:_____

PLEASE CHECK OFF ONE OF THE FOLLOWING VERIFICATION STATEMENTS AND SIGN BELOW

(No verification required for direct vent to direct vent appliance replacement)

☐ For Liquid or Solid Fuel to Gas Conversions and Liquid or Gas Replacements or New/Additional Appliances:

I have verified that the chimney/vent is in good repair and clear of obstruction and, when applicable, is substantially clean of residue from its previous use serving a liquid or solid fuel appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

☐ Solid Fuel Appliance or Fireplace:

I have verified that the chimney/vent is in good repair and clear of obstruction and, where applicable, is substantially clean of residue from its previous use serving a liquid or solid fuel appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

☐ Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/ vent is appropriately lined and sized for any remaining appliances.

☐ Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

_____
Signature Date

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