

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK LOT	QUALIFICATION CODE	PERMIT#	
	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-Interio	or
[] Gas to Oil Conversion	[] "L" Label Vent r] Chimney-Exterior	
[] Gas Appliance Replacement	l I Hexible Liner r	1 Mananni Chines	
Office	[] Power Vent/Exhauster [] Masonry Chimn	
[] Other	[] Other	
Type	Fuel Type	BTU Rating (input/hour)
	Oil / Gas / Other:		
	Oil / Gas / Other:		
Appliance 3;	Oil / Gas / Other:		
If a chimney liner is being installe	CHIMNEY LINER		
Manufacturer:	d, all documentation on the liner must ac Model:	company the Permit a _l	opiication.
Material of Liner: Stainless Steel	Aluminum	- <u> </u>	
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 SIGN ON	IE OF THE FOLLOWING VERIFICATIO	N STATEMENTS	
For Oil or Coal to Gas Conversions	:		
I have verified that the chimney/vent is from its previous use serving an oil or o sized for the appliance(s) being installe	s in good repair and clear of obstruction coal appliance. I have verified that the chied.	and is substantially cle mney/vent is appropri	ean of residue ately lined and
	Signature	Date	**
Oil to Oil or Gas to Gas Replacemer	nts or New/Additional Appliances:		
I have verified that the existing chimney chimney/vent is appropriately lined and	y/vent is in good repair and clear of obstru d sized for the appliance(s) being installed	ction. I have verified th d and/or remaining.	at the existing
Direct Vent Appliance:	Signature	Date	
l hereby verify that the appliance(s) bei vent is appropriately lined and sized fo	ng installed is a direct vent appliance. I fu r any remaining appliances.	rther verify that the exis	sting chimney
Verification Not Submitted:	Signature	Date	
choose not to submit verification. I undering the chimney vent connector.	derstand that I will be required to be pres	ent for the inspection t	o remove and
, , , , , , , , , , , , , , , , , , , ,			
,	Signature	Date	

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.