



# CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

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 \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Oil to Gas Conversion     | <input type="checkbox"/> "B" Label Vent       | <input type="checkbox"/> Chimney-Interior           |
| <input type="checkbox"/> Gas to Oil Conversion     | <input type="checkbox"/> "L" Label Vent       | <input type="checkbox"/> Chimney-Exterior           |
| <input type="checkbox"/> Gas Appliance Replacement | <input type="checkbox"/> Flexible Liner       | <input type="checkbox"/> Masonry Chimney-Tile Lined |
| <input type="checkbox"/> Oil to Oil Replacement    | <input type="checkbox"/> Power Vent/Exhauster | <input type="checkbox"/> Masonry Chimney-Unlined    |
| <input type="checkbox"/> Other _____               |   | <input type="checkbox"/> Other _____                |

Type

Fuel Type

BTU Rating (input/hour)

Appliance 1: \_\_\_\_\_ Oil/ Gas / Other \_\_\_\_\_

Appliance 2: \_\_\_\_\_ Oil/ Gas / Other \_\_\_\_\_

Appliance 3: \_\_\_\_\_ Oil/ Gas / Other: \_\_\_\_\_

### 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 SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

#### For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature

Date

#### Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature

Date

#### 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.

Signature

Date

#### 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, 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.*