



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.*