



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ PERMIT # _____

WORK SITE ADDRESS _____

Applicant _____
Certifying Individual _____ Company _____
Address _____

City _____ State _____ Zip Code _____

Tel. _____

Check the Appropriate Box

Type of Replacement:

- Oil to Gas Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other _____

Exixting Vent/Chimney:

- B Label Vent
- L Label Vent
- Masonry Chimney — Tile Lined
- Flexible Liner
- Power Vent/Exhauster
- Other _____

PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS

CERTIFICATION

For Oil to Gas Conversions:

I herby certify that the chimney/vent is free and clear of obstructions and is substantially clean of residue from its previous use serving an oil appliance. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____ Date _____

Oil to Oil or Gas to Gas Replacements:

I herby certify that the existing chimney/vent is free and clear of obstructions. I further certify that the chimney/vent is appropriately lined and sized for the appliance being installed.

Signature _____ Date _____

Certification Not Submitted:

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

Signature _____ Date _____

Direct Vent Appliance:

No certification required:

Signature _____ Date _____

THIS FORM MUST BE RETURNED TO THE CODE ENFORCEMENT OFFICE PRIOR TO FINAL INSPECTION