

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

| BLOCK LOT | QUALIFICATION CODE | DEDMIT |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| WORK SITE ADDRESS | | FERWIII # |
| Owner in Fee | | |
| Verifying Individual | Consti | |
| Address | Company | |
| Street . | City | |
| Tel: () | | State Zip Code |
| Check the Appropriate Box(es): Type of Replacement: | | |
| [] Oil to Gas Conversion | Existing Vent/Chimney: Size | |
| [] Gas to Oil Conversion | [] "B" Label Vent [] "L" Label Vent |] Chimney-Interior |
| Gas Appliance Replacement | f a management |] Chimney-Exterior |
| [] Oil to Oil Replacement | Power Vent/Exhauster | Masonry Chimney-Tile Lined |
| T 1 Orner | 1 | 1 mason's Chilinies-Cuitoed |
| Type | Fuel Type | Other |
| | | BIO Rating (input/hour) |
| Appliance 2: | Oil / Gas / Other: | |
| Appliance 3: | Oil / Gas / Others | |
| | | · · · · · · · · · · · · · · · · · · · |
| If a chimney liner is being installed | CHIMNEY LINER | |
| Manufacturer: | d, all documentation on the liner must acc | company the Permit application. |
| | Model: | UL Listing: |
| waterial of Liner: Stainless Steel | Aluminum | · Caran |
| Size of Appliance Vent: | Size of Liner: | Holeki's Out |
| Length of Connector | No. 10 | rieignit of Chimney: |
| Law door the section. | Vent Connector Rise: | |
| now does the appliance vent? |] Natural Draft [] Fan-assisted | [] Other: |
| PLEASE SIGN ONE For Oil or Coal to Gas Conversions: | E OF THE FOLLOWING VERIFICATION | STATEMENTS |
| I have verified that the chimney/vent is from its previous use serving an oil or cosized for the appliance(s) being installed | in good repair and clear of obstruction a pal appliance. I have verified that the chim | nd is substantially clean of residue nney/vent is appropriately lined and |
| (4) = 31.5 | Signature | |
| Oil to Oil or Gas to Gas Banks | | Date |
| Dil to Oil or Gas to Gas Replacement | s or New/Additional Appliances: | 10 |
| himney/vent is appropriately lined and : | vent is in good repair and clear of obstruct sized for the appliance(s) being installed a | ion. I have verified that the existing and/or remaining. |
| 80 ° N | 11 (<u>-11)</u> | * * |
| irect Vent Appliance: | Signature | Date |
| nereby verify that the appliance(s) being | g installed is a direct vent appliance. I furth | Or varify that the desire |
| ent is appropriately lined and sized for a | any remaining appliances. | or verify that the existing chimney/ |
| rification Not Submitted: | Signature | Date |
| | erstand that I will be required to be presen | |
| The state of the s | Signature | 4/1000 to 1 |
| OR MINOR AND EMERGENCY WOR | K THIS FORM MUST BE PROVIDED | Date Date |
| ON. FOR ALL OTHER WORK, THIS FOR | ORM MUST BE PRESENTED TO THE C | ODE OFFICIAL PRIOR TO FINAL |

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.