

CHIMNEY CERTIFICATION FOR REPLACEMENT OF
FUEL FIRED EQUIPMENT

BLOCK: _____ LOT: _____ PERMIT#: _____

WORK SITE ADDRESS: _____

Certifying Individual (Print Name)

Name: _____
Address
Street: _____
State: _____

Company

Name: _____
City: _____
Zip: _____
Phone #() _____

Check The Appropriate Box

Type of replacement:

- Oil to Gas Conversion
 Gas Appliance Replacement
 Oil to Oil Replacement
 Other (describe): _____

Existing vent/chimney:

- B label vent
 L label vent
 Masonry chimney-Tile lined
 Flexible liner
 Power vent/exhauster
 Other (describe): _____

**PLEASE SIGN ONE OF THE FOLLOWING CERTIFICATION STATEMENTS
CERTIFICATION**

For Oil to Gas Conversions:

I hereby certify that the chimney/vent is free and clear of obstruction 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 hereby certify that the existing chimney/vent is free and clear of obstruction. I further certify that the existing 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:

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