

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK	LOT	QUALIFICATION (CODE	PERMIT#	
WORK SITE	ADDRESS				······································
Owner in Fee				# 1822 1928 1928 1921 1922 1922 1924 1924 1924 1924 1924	
Verifying Indiv	vidual	Compan	у		
				A company of the comp	
	Street	Ci	•	State	Zip Code
Tel: () _		Fa	X: ()		
Check the Ap Type of Repla	opropriate Box(es): scement:	Existing Vent/Cl	nimnev: Size _		
	Gas Conversion	[] "B" Labe	<u>-</u>] Chimney-Interio	•
1 1	o Oil Conversion	[] "L" Label	Vent [] Chimney-Exterio	
Gas A	Appliance Replacement	[] Flexible		Masonry Chimn	
	Oil Replacement	[] Power Ve	ent/Exhauster 🕆	Masonry Chimn	*
[] Other	ACTION OF THE PROPERTY PROPERTY OF THE STATE		i troop] Other	
Туре		Fuel Type		BTU Rating (nput/hour)
	·				
. ,	iance 2: Oil / Gas / Other:				
Appliance 3: _				TA MUSEUM MANAGEMENT AND THE STATE OF THE ST	**************************************
17 . 1.1		CHIMNEY LI			
	ney liner is being installe				
				•	
Material of Lir	ner: Stainless Steel	A	luminum		
Size of Applia	nce Vent:	Size of Liner:	NAME OF THE PARTY	Height of Chimney:	<u></u>
Length of Cor	nector:	Vent Connector I	₹ise:	VO 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
How does the	appliance vent? [] Natural Draft [] Fan-assisted	[] Other:	THE RESIDENCE OF THE PROPERTY
For Oil or Co	PLEASE SIGN OF	E OF THE FOLLOWIN	G VERIFICATION	STATEMENTS	
I have verified	that the chimney/vent	s in good repair and cle	ar of obstruction a	ind is substantially cl	ean of residue
from its previo	ous use serving an oil or appliance(s) being install	coal appliance. I have ve			
		Signatur		Date	
Oil to Oil or C	Gas to Gas Replaceme	nts or New/Additional	Appliances:		
I have verified	I that the existing chimne	//vent is in good repair a	nd clear of obstruc	ction. I have verified th	at the existing
chimney/vent	is appropriately lined an	d sized for the appliance	(s) being installed	and/or remaining.	•
				ence compression encourage and the contract of	
Direct Vent A	ppliance:	Signatur	е .	Date	
	that the appliance(s) be priately lined and sized for			ther verify that the exi	sting chimney/
Verification N	Not Submitted:	Signatur	8	Date	
	o submit verification. I u	derstand that I will be re	auired to he press	ent for the inspection	n remove and
	himney vent connector.	CONTRACTOR OF STREET	quire to se proof	meror are moreouster	
-		Signatur	8	Date	
	AND EMERGENCY W	ORK, THIS FORM MU	ST BE PROVIDE		

TION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FIN.

All applicable information requested on this form must be supplied.

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This form may not be submitted by a homeowner in lieu of the required inspection.