# CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK:_____ LOT: _____ PERMIT # _____

WORK SITE ADDRESS _____

Applicant _____

Certifying Individual _____ Company _____

Address _____

Street City State Zip Cade

Tel. ( _____ ) _____

**Check the Appropriate Box**

**Type of Replacement:**

[ ] Oil to Gas Conversion
[ ] Gas Appliance Replacement
[ ] Oil to Oil Replacement
[ ] Other _____

**Existing 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 obstruction and is substantially clean of residue from its previous use serving an oil appliance. 1 further certify that the chimney/vent is appropriately lined and sized for the appliance being installed

_____
Signature

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

**Direct Vent Appliance:** No certification required:

_____
Signature

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