

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK LOT	QUALIFICATION CODE	PERMIT 4
WORK SITE ADDRESS		LEVIAII =
Vərif/ing Individual	Company	
Address	Sompany	,
Address	City	State Zip Code
Tel: ()	Fax: ()	Zip Code
Check the Appropriate Box(es): Type of Replacement:		
Appliance 2:	[] "B" Label Vent [] "L" Label Vent [] Flexible Liner [] Power Vent/Exhauster [Fuel Type Dil / Gas / Other. Dil / Gas / Other. CHIMNEY LINER all documentation on the liner must accome Model: Model: Vent Connector Rise: Natural Draft [] Fan-assisted [DIT THE FOLLOWING VERIFICATION STATES.	Chimney-Interior Chimney-Exterior Masonry Chimney-Tile Lined Masonry Chimney-Unlined Other STU Rating (input/hour) Chimney the Permit application. Listing: JOther: JOther:
rom its pravious use serving an oll or coal izad for the applianca(s) being installed.		is substanti≡lly clean of residue sy/vent is appropriately lined and
	Signature	Date
Dil to (Dil or Gas to Gas Replacements o	or New/Additional Appliances:	g e
have verified that the existing chimney/ve thimney/vent is appropriately lined and strain and strain and strain and strain are the strain and strain are the strain and strain are the str	ent is in good repair and clear of obstruction zad for the appliance(s) being installed an	n. I have verified that the existing d/or remaining.
Direct Vent Appliance:	Signature	Date
• •	nstalled is a direct year appliance. I further	
erification Not Submitted:	Signature	Dale
	stand that I will be required to be present f	
75	Signature	Date
OR M NOR AND EMRGENCY WORK, FOR ALL OTHER WORK, THIS FORM, ML	THIS FORM MUST BE PROVIDED WIT UST BE PRESENTED TO THE CODE OF	TH YOUR PERMIT APPLICATI FFICIAL PRIOR TO FINAL INSP

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.

U.C.C. F37D (rev. 01/12)