

BLOCK LOT	QUALIFICATION CODE	PERMIT#	
WORK SITE ADDRESS			
Applicant			
Certifying Individual			
Address	City	State Zip Code	
Tel. ()			
Check the Appropriate Box			
Type of Replacement:	Existing Vent/Chimney	Existing Vent/Chimney:	
<ul> <li>Oil to Gas Conversion</li> <li>Gas Appliance Replacement</li> <li>Oil to Oil Replacement</li> <li>Other</li> </ul>	[ ] Masonry Chimr	nauster	
PLEASE SIGN O	NE OF THE FOLLOWING CERTIFICATION	STATEMENTS	
	CERTIFICATION		
previous use serving an oil applianc appliance being installed	e. I further certify that the chimney/vent is ap	propriately lined and sized for the	
	Signature	Date	
	ents: nney/vent is free and clear of obstruction. I fu and sized for the appliance being installed.	rther certify that the existing	
	Signature	Date	
Certification Not Submitted: I choose not to submit a certification and reinstall the chimney vent connections.	<ul> <li>I understand that I will be required to be preector.</li> </ul>	sent for the inspection to remove	
	Signature	Date	
Direct Vent Appliance			
<b>Direct Vent Appliance:</b> No certification required:			
	Signature	 Date	

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