



Florham Park Borough Construction Department  
111 Ridgedale Ave.  
Florham Park, NJ 07932  
Ph. – 973-410-5346 Fax – 973-410-5490

## **REPLACEMENT AIR CONDITIONING ONLY APPLICATIONS**

### **Existing One & Two Family homes only:**

Please note that all permit applications for replacement of air conditioning devices require the following:

1. Construction permit application folder
2. Completed Signed and Sealed Electrical Subcode Technical Section
3. Completed Signed and Sealed Mechanical Subcode Technical Section (Sealed by Licensed HVAC Ctr)
4. Building Subcode only required if replacing ductwork
5. Specifications of Mechanical Equipment to be installed
6. If outside condensing unit is to be installed, applicant **MUST** complete AC Zoning Application and show location of unit on the survey of property indicating distance from condenser to side and rear yard property lines. (not allowed in front yards)
7. If you are installing **BOTH a FURNACE & AC**, a completed Chimney Verification Form is also required.
8. If installing a **chimney liner**, the liner **MUST** be listed as other device on the Mechanical Subcode and a spec sheet for the liner must be included with your application.
9. SD/CO Compliance form - Completed

### **For NEW Construction and Additions:**

Submit items 1, 5 & 6 above (7 & 8 if applicable) **AND**  
Building, Electrical and Plumbing Subcode Forms, signed & sealed by Licensed HVAC Ctr.  
**Manuals J, S, & D MUST** be submitted and on site for inspections

**Incomplete applications will be returned.** Thank you for your anticipated co-operation with regard to the permit application process.



**AC Replacement Zoning Application** Block \_\_\_\_\_ Lot \_\_\_\_\_ Zone \_\_\_\_\_

Work site Address \_\_\_\_\_

Property Owner \_\_\_\_\_

Address of Owner \_\_\_\_\_

Telephone # \_\_\_\_\_

Existing Use \_\_\_\_\_ Proposed Use \_\_\_\_\_

Brief Description of Work \_\_\_\_\_

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the Owner to make this application as his/her agent and we agree to conform to all applicable laws of this jurisdiction.

Signature \_\_\_\_\_ Contact # \_\_\_\_\_

My lot is on a corner parcel \_\_\_\_\_ My lot is an interior parcel \_\_\_\_\_

Existing setbacks: Front yard \_\_\_\_\_ Smallest Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Second front yard \_\_\_\_\_ Aggregate of Side Yards \_\_\_\_\_

Proposed setbacks: Front yard \_\_\_\_\_ Smallest Side Yard \_\_\_\_\_ Rear Yard \_\_\_\_\_

Second front yard \_\_\_\_\_ Aggregate of Side Yards \_\_\_\_\_

Ground floor existing \_\_\_\_\_ sq. ft. proposed \_\_\_\_\_ sq. ft. total \_\_\_\_\_ sq. ft.

Sq. ft. of lot \_\_\_\_\_ % of lot covered by bldg. \_\_\_\_\_ % of improved lot cover \_\_\_\_\_

Building height \_\_\_\_\_

Fencing: Type \_\_\_\_\_ height \_\_\_\_\_

This application is approved \_\_\_\_\_ denied \_\_\_\_\_

Application fee \$ 25.00 Rec'd Cash/Check Construction Control # \_\_\_\_\_

Approval Date \_\_\_\_\_

Janet Doherty  
Zoning Official

## **NEW HVAC Applications must submit Manuals J, S and D**

### **Manual J- Heating & Cooling Calculations**

Manual J outlines the requirements for conducting a "Load calculation" on the home, such as measuring insulation & ventilation levels. Other considerations include air duct tightness & the number of heat producing appliances and people.

Each room's results specify how many BTU's are lost in the winter and how many are gained in the summer.

After measuring each room's sensible (temperature-related) and latent (Humidity related) heat, the technician can then determine how much conditioned air that room requires. It is necessary to conduct this inspection PRIOR to sizing a system so that you end up with a properly sized HVAC system.

### **MANUAL S- Heating and Cooling Sizing and Selection**

Manual S contains a lot of information regarding equipment sizing, ventilation, and airflow, taking into consideration sensible and latent heat, amount of airflow and static pressures. This manual, combined with the load calculations from Manual J, give the technician the technical information for selecting the proper system for your home, whether it's an air conditioner, heat pump, furnace or boiler.

### **Manual D- Heating and Cooling Duct Design**

Manual D works in conjunction with the other manuals to provide proper design, sizing and installation of residential duct systems. Ductwork design is extremely important to prevent air & energy leaks, in addition to humidity and moisture problems. Manual D includes information for determining the best duct design for the available space, including how to properly size, seal and insulate air ducts.



**Florham Park Construction Office**  
**Phone 973-410-5346 Fax 973-410-5490**

Kevin Guilfoyle, Construction Official  
KGuilfoyle@fpboro.net or 973-410-5352

The Construction Department operates weekdays from 9:00 am until 4:30 pm.  
Janet Doherty (JDoherty@fpboro.net) is the Technical Assistant to the Construction Official  
and Florham Park Zoning Official.

**Permit applications accepted daily from 9:00 am until 1:30 pm and from 3:00 until 4:00 pm**

**Inspection requests require** the following information:

- 1) Permit number
- 2) Type of inspection requested (Building, Electrical, Plumbing, Fire)
- 3) Day of the requested inspection.
- 4) Telephone number for contact purposes if your request cannot be accommodated

**Minimum of 24 hour notice for all inspection requests, ALL TIMES ARE APPROXIMATE:**

**Building** inspections are Monday thru Friday 8:30 am to 4 pm

**Fire** inspections are Monday 9am-1pm Tuesday 8am-12 Thursday 12-5 pm Friday 9am-1pm

**Electrical** inspections are Monday thru Friday, 11:00 am to 3 pm.

**Plumbing** inspections are Monday thru Thursday, 11:30 am to 4:30 pm.

**Please be aware that due to the volume of Construction jobs, we cannot give exact times for these inspections.**

**Contractors MUST INSTALL 6 ft. chain link fence, per Ordinance NO. 13-15 around perimeter of excavation site prior to any work. Do NOT remove fence until Construction Official grants approval of removal.**

Required inspections pursuant to N.J.A.C. 5:23-2.18 for all *new* buildings, additions, renovation, alterations:

- 1) Footing inspection-bottom of the trench **PRIOR** to pouring of concrete (**MUST** provide soil compaction report at inspection)
- 2) Foundation inspection **PRIOR** to the placement of backfill.
  - 2 a) Foundation Location Survey **REQUIRED** for new construction **PRIOR** to framing
- 3) Slab inspection **PRIOR** to placement of concrete
- 4) Electrical rough wiring
- 5) Plumbing rough installations
- 6) Fire Rough inspection
- 7) Framing inspections **AFTER** rough electric/plumbing/Fire passed-**PRIOR** to insulation
- 8) Insulation inspection **PRIOR** to sheetrock
- 9) Final electric, final plumbing, final fire inspections
- 10) Final building inspections
- 11) No Certificates of Occupancy shall be issued **PRIOR** to submittal & Approval of Final As Built Survey and final surface grading inspection approvals by Borough Engineer M. Sgaramella (973-410-5473) & Morris County Soil District, Sheila Hall (973-285-2953).

Failure to comply with the above required inspections as indicated in N.J.A.C. 5:23-2.18 will result in administrative penalties of not more than \$2000.00 as permitted in N.J.A.C. 5:23-2.3 lb



Florham Park Construction Department  
111 Ridgedale Avenue  
Florham Park, NJ 07932  
973-410-5346 Fax 973-410-5490

**CERTIFICATION OF ONE AND TWO FAMILY DWELLING  
SMOKE DETECTOR AND CARBON MONOXIDE ALARM COMPLIANCE**

**Dwelling Location:** Block \_\_\_\_\_ Lot \_\_\_\_\_  
Street \_\_\_\_\_  
Municipality: Borough of Florham Park County: Morris  
Property Owner Name: \_\_\_\_\_

**Pursuant to N.J.A.C. 5:23-3.20, 6.4, 6.5, 6.6, 6.7, 6.21A, 6.25A, 6.26A, 6.27, & 6.31.**

An inspection shall be conducted by the owner or authorized representative of the owner. The carbon monoxide alarms are required when dwellings contain any fuel burning appliances or dwelling has an attached garage and shall be installed per NFPA 720. Required carbon monoxide alarms are to be outside each separate sleeping area. The smoke detectors required shall be located in accordance with NFPA 72. Required smoke detectors are to be on each level of the dwelling, including basements and outside each separate sleeping area. The detectors are not required to be interconnected. Battery powered detectors and alarms are acceptable. NOTE: AC powered and/or interconnected smoke detectors and alarms installed in homes constructed or altered after January, 1977, shall be maintained in working order.

\*\*\*\*\*HOMEOWNER\*\*\*\*\*

\_\_\_ My home already complies with the requirements of Carbon Monoxide Detectors

\_\_\_ My home already complies with the requirements of Smoke Detectors

\_\_\_ I will install the required detectors prior to calling for final inspections

I do hereby certify that the detectors and alarms are installed as stated above and are in working order.

Homeowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Or

\*\*\*\*\*CONTRACTOR/AGENT\*\*\*\*\*

\_\_\_ This is to certify that the required Carbon Monoxide (CO) detectors were installed, as stated above, by us and are in working order.

Contractor/Agent Signature: \_\_\_\_\_



# ELECTRICAL SUBCODE TECHNICAL SECTION



**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

Block # \_\_\_\_\_ Lot # \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ 1944 \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ 296 code \_\_\_\_\_

Contractor: \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Pole/Pad # \_\_\_\_\_  Temporary  Other \_\_\_\_\_

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW  No Plans Required  INSPECTIONS \_\_\_\_\_

Partial Under-slab Utilities Approved \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Type: \_\_\_\_\_ Failure \_\_\_\_\_ Dates (Month/Day) \_\_\_\_\_ Initial \_\_\_\_\_

Electric Plans Approved \_\_\_\_\_ Trench \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Temp. Serv. \_\_\_\_\_

Joint Plan Review Required: \_\_\_\_\_ Constr. Serv. \_\_\_\_\_

Bldg.  Plumb.  Fire.  Elev. \_\_\_\_\_ TCO \_\_\_\_\_

Other \_\_\_\_\_

Service \_\_\_\_\_

Final \_\_\_\_\_

Barrier-Free \_\_\_\_\_

Approved by: \_\_\_\_\_

Temp. Cut-in-Card Date Issued \_\_\_\_\_

Final Cut-in-Card Date Issued \_\_\_\_\_

Annual Pool Inspection \_\_\_\_\_

Date: \_\_\_\_\_ Date of Grounding and Bonding Certification \_\_\_\_\_

Approved by: \_\_\_\_\_

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Elec. Contractor  Cert'd Landscape Irrigation Contr.  Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK:

QTY. SIZE ITEMS FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

#### TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_

Date Received  
Control #  
Date Issued  
Permit #



# MECHANICAL INSPECTION TECHNICAL SECTION



**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

### B. MECHANICAL CHARACTERISTICS

Use Group Present: R-3-or R-5

Heating System work:  New or  Modification to Existing or  Conversion or  Replacement

Type:  Hydronic  Hot Air

Fuel Type:  Gas  Oil  Electric  Solar  Other \_\_\_\_\_

Estimated Cost of Mechanical Work \$ \_\_\_\_\_

### JOBS SUMMARY (Office Use Only)

PLAN REVIEW  No Plans Required

Mechanical Plans Approved

Joint Plan Review Required:  Bldg.  Elec.  Plumb.  Fire.

Elev.  Fire.

SUBCODE APPROVAL FOR PERMIT

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

SUBCODE APPROVAL FOR CERTIFICATE

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

### INSPECTIONS

Type: \_\_\_\_\_

Water Heater \_\_\_\_\_

Appliances \_\_\_\_\_

Chimney/Vent \_\_\_\_\_

Piping \_\_\_\_\_

Tank \_\_\_\_\_

Cooling/AC \_\_\_\_\_

Generator \_\_\_\_\_

Fireplace \_\_\_\_\_

Chimney Cert. \_\_\_\_\_

Other \_\_\_\_\_

Final \_\_\_\_\_

### DATES

Failure \_\_\_\_\_

Failure \_\_\_\_\_

Approval \_\_\_\_\_

Initial \_\_\_\_\_

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

### C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.  
Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

NO. \_\_\_\_\_

#### FIXTURE/EQUIPMENT

Water Heater \_\_\_\_\_

Fuel Oil Piping Connections \_\_\_\_\_

Gas Piping Connections \_\_\_\_\_

Steam Boiler \_\_\_\_\_

Hot Water Boiler \_\_\_\_\_

Hot Air Furnace \_\_\_\_\_

Oil Tank \_\_\_\_\_

LPG Tank \_\_\_\_\_

Fireplace \_\_\_\_\_

Generator \_\_\_\_\_

Other \_\_\_\_\_

#### FEE (Office Use Only)

\$ \_\_\_\_\_

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\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

**TOTAL FEE \$ \_\_\_\_\_**



# PLUMBING SUBCODE TECHNICAL SECTION



**A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.**

Block \_\_\_\_\_ Lot \_\_\_\_\_ Qualification Code \_\_\_\_\_  
Work Site Location \_\_\_\_\_

Owner In Fee: \_\_\_\_\_

Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ street \_\_\_\_\_ municipality \_\_\_\_\_ zip code \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### B. PLUMBING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_  
Water Service Size \_\_\_\_\_ Public Water \_\_\_\_\_ Private Septic \_\_\_\_\_  
Est. Cost of Plumbing Work \$ \_\_\_\_\_ Private Well \_\_\_\_\_

### JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
<input type="checkbox"/>	No Plans Required	Slab				
<input type="checkbox"/>	Partial—Under slab Utilities Approved	Rough				
Date: _____	Approved by: _____	Water				
<input type="checkbox"/>	Plumbing Plans Approved	Sewer				
Date: _____	Approved by: _____	Fixtures				
<input type="checkbox"/>	Joint Plan Review Required:	Gas Equipment				
<input type="checkbox"/>	Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Ftr. <input type="checkbox"/> Elev.	Gas Piping				
SUBCODE APPROVAL for PERMIT		LP-Gas Tank				
Date: _____	Approved by: _____	Fuel Oil Piping				
SUBCODE APPROVAL for CERTIFICATE		Solar _____				
<input type="checkbox"/>	CO <input type="checkbox"/>	TCC _____				
<input type="checkbox"/>	CCO <input type="checkbox"/>	Final _____				
<input type="checkbox"/>	CA _____					
Date: _____	Approved by: _____					

U.C.C. P130 (rev. 11/09)  
Usenet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Date Received \_\_\_\_\_  
Control # \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Permit # \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**  
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: \_\_\_\_\_

Print name here: \_\_\_\_\_

Licensed Plumbing Contractor  Exempt Applicant

### D. TECHNICAL SITE DATA

#### DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	Water Closet	_____
_____	Urinal/Bidet	_____
_____	Bath Tub	_____
_____	Lavatory	_____
_____	Shower	_____
_____	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
_____	Water Heater	_____
_____	Fuel Oil Piping	_____
_____	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
_____	Grease trap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks _____	_____
_____	Other _____	_____

Administrative Surcharges \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_





# CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFICATION CODE \_\_\_\_\_ PERMIT # \_\_\_\_\_

WORK SITE ADDRESS \_\_\_\_\_

Owner in Fee \_\_\_\_\_

Verifying Individual \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip Code

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Check the Appropriate Box(es):

#### Type of Replacement:

- Oil to Gas Conversion
- Gas to Oil Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other \_\_\_\_\_

#### Existing Vent/Chimney:

- "B" Label Vent
- "L" Label Vent
- Flexible Liner
- Power Vent/Exhauster

#### Size \_\_\_\_\_

- Chimney-Interior
- Chimney-Exterior
- Masonry Chimney-Tile Lined
- Masonry Chimney-Unlined
- Other \_\_\_\_\_

#### Type

#### Fuel Type

#### BTU Rating (Input/hour)

Appliance 1: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_

Appliance 2: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_

Appliance 3: \_\_\_\_\_ Oil / Gas / Other: \_\_\_\_\_

### CHIMNEY LINER

*If a chimney liner is being installed, all documentation on the liner must accompany the Permit application.*

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ UL Listing: \_\_\_\_\_

Material of Liner: Stainless Steel \_\_\_\_\_ Aluminum \_\_\_\_\_

Size of Appliance Vent: \_\_\_\_\_ Size of Liner: \_\_\_\_\_ Height of Chimney: \_\_\_\_\_

Length of Connector: \_\_\_\_\_ Vent Connector Rise: \_\_\_\_\_

How does the appliance vent?  Natural Draft  Fan-assisted  Other: \_\_\_\_\_

### PLEASE SIGN ONE OF THE FOLLOWING VERIFICATION STATEMENTS

#### For Oil or Coal to Gas Conversions:

I have verified that the chimney/vent is in good repair and clear of obstruction and is substantially clean of residue from its previous use serving an oil or coal appliance. I have verified that the chimney/vent is appropriately lined and sized for the appliance(s) being installed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Oil to Oil or Gas to Gas Replacements or New/Additional Appliances:

I have verified that the existing chimney/vent is in good repair and clear of obstruction. I have verified that the existing chimney/vent is appropriately lined and sized for the appliance(s) being installed and/or remaining.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Direct Vent Appliance:

I hereby verify that the appliance(s) being installed is a direct vent appliance. I further verify that the existing chimney/vent is appropriately lined and sized for any remaining appliances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Verification Not Submitted:

I choose not to submit verification. I understand that I will be required to be present for the inspection to remove and reinstall the chimney vent connector.

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR MINOR AND EMERGENCY WORK, THIS FORM MUST BE PROVIDED WITH YOUR PERMIT APPLICATION. FOR ALL OTHER WORK, THIS FORM MUST BE PRESENTED TO THE CODE OFFICIAL PRIOR TO FINAL INSPECTION.

*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.*