

Chimney Certification for Replacement of Fuel Fired Equipment

As coordinated by the Paramus Building Department (201) 265 2100 ext .2230 (fax) 265-5631

Applicant's Name _____ Date ____/____/____

Address _____

Telephone _____ Block _____ Lot _____ Zone _____

Contractor's Name _____

Address _____

Telephone _____ Registered: No ____ if Yes, Number _____ Expiration _____

Please check all of the appropriate boxes

1. Type of Replacement: Oil to Gas Conversion Gas to Appliance equipment Oil to Oil Replacement

Other _____

2. Appliance type: Hot Air Hot Water Steam Other _____

3. Appliance Venting: Fan Assisted Natural Draft Other _____

4. Existing Vent / Chimney _____ size _____ height B Label vent L Label vent Flexible liner

Masonry chimney tile lined Power vent / exhauster Other _____

Please check a box for the appropriate certification statement and sign to certify

For Oil to Gas Conversions: I hereby 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. I further certify that the chimney / vent is appropriately lined and sized for the appliance being installed.

For Oil or Gas to Gas Replacements: I hereby certify 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.

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.

Direct vent appliance: No certification is required.

Signature _____ Date ____/____/____

Notes: