



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: _____
 2. Name of Owner in Fee: _____ e-mail _____
 Tel. (_____) _____
 Address _____ street _____ zip code _____
 3. Ownership in Fee: Public _____ Private _____
 4. Principal Contractor: _____ Tel. (_____) _____
 Address _____ e-mail _____
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. _____ FAX: (_____) _____
 5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (_____) _____ FAX: (_____) _____
 6. Responsible Person in Charge once Work has Begun _____
 Tel. (_____) _____ FAX: (_____) _____

IIa. PROPOSED WORK:

- Minor Work New Building Addition Demolition
 Repair Alteration Renovation Reconstruction
 Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES:

(Check all that apply)

<input type="checkbox"/> Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Elevator
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TOTAL COSTS _____

III. DO YOU WANT: (optional)

1. Partial Releases
 2. Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
 2. High Pressure Boilers
 3. Pressure Vessels
 4. Refrigeration Systems
 5. Cross-Connections/Backflow Preventers
 6. Hazardous Uses/Places of Assembly
 7. Sprinklers
 8. Smoke Control Systems in Open Wells
 9. Underground Storage Tanks
 10. Swimming Pools, Spas and Hot Tubs

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Recd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
 2. Height of Structure _____ ft.
 3. Area - Largest Floor _____ sq. ft.
 4. New Building Area _____ sq. ft.
 5. Volume of New Structure _____ cu. ft.
 6. Construction Classification _____
 7. Total Land Area Disturbed _____ sq. ft.
 8. Food Hazard Zone _____
 9. Base Flood Elevation _____ ft.
 10. Wetlands _____
 yes _____ no _____
 11. Max. Live Load _____
 12. Max. Occupancy Load _____

V. FEE SUMMARY (for office use only)

1. Building	\$ _____	Update	Update
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$ _____		
8. Subtotal	\$ _____		
9. State Permit Surcharge Fee	\$ _____		
10. Subtotal	\$ _____		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ _____		

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
 1. State Specific Use: _____
 2. Use Group: _____
 3. Change in Use Group, Indicate Former: _____
 4. No. of dwelling units: All Units Income-restricted
 Before Construction _____
 After Construction _____
 Net Gain or Loss _____

B. NON-RESIDENTIAL (primary use)
 1. State Specific Use: _____
 2. Use Group: _____

C. MIXED USE -List secondary use(s): _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. I further certify that I will perform or supervise the following work:

- C.1. Building
- C.2. Fire Protection

I further certify that I will perform the following work:

- C.3. Electrical
- C.4. Plumbing

D. I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
<input type="checkbox"/> Zoning Officer									
<input type="checkbox"/> Planning Board									
<input type="checkbox"/> Zoning Board									
<input type="checkbox"/> Sewer Authority									
<input type="checkbox"/> Water Authority									
<input type="checkbox"/> Police Department									
<input type="checkbox"/> Health Department									
<input type="checkbox"/> Soil Conservation									
<input type="checkbox"/> N.J. Department of Community Affairs									
<input type="checkbox"/> N.J. Department of Transportation									
<input type="checkbox"/> N.J. Department of Environmental Protection									
<input type="checkbox"/> Utility Dig No.									
<input type="checkbox"/>									
<input type="checkbox"/>									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

<p>Name of Code & Edition _____</p> <p>Building _____</p> <p>Electrical _____</p> <p>Plumbing _____</p> <p>Fire Protection _____</p> <p>Mechanical _____</p>	<p>Name of Code & Edition _____</p> <p>Energy _____</p> <p>Barrier Free _____</p> <p>Flood Hazard _____</p> <p>As Built Elevation Cert. _____</p> <p>Other _____</p>
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X. CERTIFICATES ISSUED (office use only)

<input type="checkbox"/> Temporary Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
<input type="checkbox"/> Temporary Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
<input type="checkbox"/> Continued Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
<input type="checkbox"/> Certificate of Compliance	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
<input type="checkbox"/> Certificate of Occupancy	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
<input type="checkbox"/> Certificate of Approval	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____
<input type="checkbox"/> Lead Abatement Clearance Certificate	No. _____	DATE ISSUED _____	DATE EXPIRED _____	DATE REISSUED _____	DATE EXPIRED _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Footling	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footling Bonding	_____	_____	_____	_____
<input type="checkbox"/> Footling	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Foundation	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Frame	_____	_____	Frame	_____	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	Truss Sys/Bracing	_____	_____	_____	_____
Joint Plan Review Required:			Barrier-Free	_____	_____	_____	_____
<input type="checkbox"/> Elec.	<input type="checkbox"/> Plumb.	<input type="checkbox"/> Fire	Elevator	_____	_____	_____	_____
SUBCODE APPROVAL			Insulation	_____	_____	_____	_____
<input type="checkbox"/> CO	<input type="checkbox"/> CCO	<input type="checkbox"/> CA	Finishes -Base Layer	_____	_____	_____	_____
Date: _____			Finishes -Final	_____	_____	_____	_____
Approved by: _____			Energy	_____	_____	_____	_____
			Mechanical	_____	_____	_____	_____
			TCO	_____	_____	_____	_____
			Other	_____	_____	_____	_____
			Final	_____	_____	_____	_____
			Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

No. of Stories _____ Ft. _____

Height of Structure _____ Ft. _____

Area — Largest Floor _____ Sq. Ft. _____

New Bldg. Area/All Floors _____ Sq. Ft. _____

Volume of New Structure _____ Cu. Ft. _____

Total Land Area Disturbed _____ Sq. Ft. _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1+2) \$ _____

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:	FEE (Office Use Only)
<input type="checkbox"/> New Building	_____
<input type="checkbox"/> Addition	_____
<input type="checkbox"/> Rehabilitation	_____
<input type="checkbox"/> Roofing	_____
<input type="checkbox"/> Siding	_____
<input type="checkbox"/> Fence _____ Height (exceeds 6')	_____
<input type="checkbox"/> Sign _____ Sq. Ft.	_____
<input type="checkbox"/> Pool	_____
<input type="checkbox"/> Retaining Wall _____ Sq. Ft.	_____
<input type="checkbox"/> Asbestos Abatement Subchapter 8	_____
<input type="checkbox"/> Lead Haz. Abatement NJAC 5.17	_____
<input type="checkbox"/> Radon Remediation	_____
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Demolition	_____

Administrative Surcharge \$ _____	_____
Minimum Fee \$ _____	_____
State Permit Surcharge Fee \$ _____	_____
TOTAL FEE \$ _____	_____



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 _____ street _____ municipally _____ Tel. (_____) _____ zip code _____

Contractor: _____ e-mail _____

Address _____ Exp. Date _____

Contractor License No. _____

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	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
[] No Plans Required			Rough				
Joint Plan Review Required:			Barrier-Free				
[] Building [] Plumbing			Trench				
[] Fire [] Elevator			Temp. Serv.				
[] Elec. Plans Approved			Constr. Serv.				
Date: _____			TCO				
Approved by: _____			Other				
			Service				
			Final				
			Barrier-Free				
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued				
[] CO [] CCO [] CA			Final Cut-In-Card Date Issued				
Date: _____			Annual Pool Inspection				
Approved by: _____			Date of Grounding and Bonding Certification				

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's Signature/Contractor's Seal and Signature

[] Licensed Elec. Contractor [] Certifd Landscape Irrigation Contr' [] Exempt Applicant

U.C.C. F-120 (rev. 7/06)
Internet version

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/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Date Received _____
Control # _____
Date Issued _____
Permit # _____

FEE (Office Use Only)

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ _____

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



FIRE PROTECTION 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 _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____ FAX: (_____) _____
Federal Emp. ID No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New OR [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New OR [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New OR [] Existing
[] Other _____ Location of Main Control Valve: _____
Location: _____

Fuel Storage Tank:
Fuel Type: [] Flammable OR [] Combustible Capacity _____
Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

Table with columns: PLAN REVIEW, INSPECTIONS, Failure, Dates (Month/Day), Approval, Initial. Rows include: No Plans Required, Alarm System, Suppression Sys., Standpipe, Fire Pump, Pre-Eng. System, Mechanical, Smoke Control, TCO, Flam/Combust Tanks, Fireplace Venting, Final, Other.

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's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Table with columns: Water Supply Source, Method of Alarm/Suppression System Supervision, NUMBER, FEE (Office Use Only)

Flammable/Combustible Tanks _____
Alarm Systems _____
[] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____
Supervisory Devices (i.e., lamps, low/high air) _____
Signaling Devices (i.e., horns/strobes, bells) _____
Other Devices _____

TOTAL _____
Suppression Systems _____
Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____
Sprinkler Heads (Dry and Wet) _____
Standpipes _____
Pre-engineered Systems _____
Wet Chemical _____
Dry Chemical _____
CO2 Suppression _____
Foam Suppression _____
FM200 Suppression _____
Other _____

Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____
Fired Appliances [] Gas or [] Oil _____
Fireplace Venting/Metal Chimney _____
Other _____

Table with columns: Administrative Surcharge \$, Minimum Fee \$, State Permit Surcharge Fee \$, TOTAL FEE \$



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

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 _____ municipally _____ zip code _____

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

No Plans Required

Joint Plan Review Required:

Building Electric

Fire Elevator

Plumbing Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

CO CCO CA

Date: _____

Approved by: _____

INSPECTIONS

Type:

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equipment _____

Gas Piping _____

LP Gas Tank _____

Fuel Oil Piping _____

Solar _____

TCO _____

Dates (Month/Day)

Failure _____ Approval _____

Initial _____

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	_____
_____	Greasetrap	_____
_____	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____
_____	Other	_____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

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's Signature/Contractor's Seal and Signature
 Licensed Plumbing Contractor Exempt Applicant



CHIMNEY CERTIFICATION FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS _____

Applicant _____

Certifying Individual _____ Company _____

Address _____

Street

City

State

Zip Code

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 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

Signature

Date

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

Date

Direct Vent Appliance:

No certification required:

Signature

Date

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