



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 _____ municipality _____ zip code _____

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (_____) _____ e-mail _____

Address _____

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: (_____) _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building \$		
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 \$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

- Number of Stories _____ ft.
- Height of Structure _____ sq. ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Max. Live Load _____
- Max. Occupancy Load _____
- If Industrialized Building: State Approved _____ HUD _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ no _____

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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	FOR OFFICE USE ONLY (Optional)		Re-viewer
							Resubmission Dates	Rejection	
<input type="checkbox"/> Building									
<input type="checkbox"/> Electrical									
<input type="checkbox"/> Plumbing									
<input type="checkbox"/> Fire Protection									
<input type="checkbox"/> Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____
- No. of dwelling units: Total Units Income-restricted
 Gained, Sale _____
 Gained, Rental _____
 Lost, Sale _____
 Lost, Rental _____

B. NON-RESIDENTIAL (primary use)

- State Specific Use: _____
- Use Group, Proposed: _____
- Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional) **IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

DO YOU WANT:

- Partial Releases
- Prototype Processing
- Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
- Refrigeration Systems
- Cross-Connections/Backflow Preventers
- High Pressure Boilers
- Smoke Control Systems in Open Wells
- Fire Alarm
- Underground Storage Tanks
- Swimming Pools, Spas and Hot Tubs

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(f)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.



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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
 No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____
 Height of Structure _____ ft. State Approved _____ HUD _____
 Area _____ Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: _____
 New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____
 Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____
 Max. Live Load _____ 3. Total (1+2) \$ _____
 Max. Occupancy Load _____ U.C.C. F110 (rev. 12/07)

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.

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK _____

TYPE OF WORK:

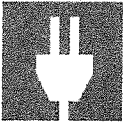
New Building
 Addition
 Rehabilitation
 Roofing
 Siding
 Fence _____ Height (exceeds 6')
 Sign _____ Sq. Ft.
 Pool
 Retaining Wall _____ Sq. Ft.
 Asbestos Abatement Subchapter 8
 Lead Haz. Abatement NJAC 5:17
 Radon Remediation
 Other _____
 Demolition

FEE (Office Use Only) \$ _____

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



ELECTRICAL 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. (____) _____
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

Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

Bldg. Plumb. Fire. Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

CO CCC CA

Date: _____

Approved by: _____

INSPECTIONS

Type:	Failure	Approval	Initial
Rough	_____	_____	_____
Barrier-Free	_____	_____	_____
Trench	_____	_____	_____
Temp. Serv.	_____	_____	_____
Constr. Serv.	_____	_____	_____
TCO	_____	_____	_____
Other	_____	_____	_____
Service	_____	_____	_____
Final	_____	_____	_____
Barrier-Free	_____	_____	_____
Temp. Cut-in-Card Date Issued	_____	_____	_____
Final Cut-in-Card Date Issued	_____	_____	_____
Annual Pool Inspection	_____	_____	_____
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 sign/Contractor sign and seal here: _____

Print name here: _____

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

D. TECHNICAL SITE DATA

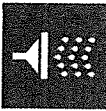
DESCRIPTION OF WORK:

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/+ 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 \$ _____



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. (_____) _____

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
 Partial -Underslab Utilities Approved
 Date: _____ Approved by: _____
 Plumbing Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required:
 Bldg. Elec. Fire. Elev.
SUBCODE APPROVAL for PERMIT
 Date: _____
 Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
 CO CCO CA
 Date: _____
 Approved by: _____

INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
Type:				
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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

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



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. (____) _____
Address _____ e-mail _____

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____
Fuel Storage Tank:
Fuel Type: Flammable or Combustible Capacity _____
Heating System: New or Modification to Existing Fire Alarm System: New OR Existing
OR Conversion OR Replacement Location of Panel: _____

Fire Suppression/Standpipe System:
Fuel Type: Gas Oil Electric Solar Other _____
Location: _____
Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS	
PLAN REVIEW	Type:	Failure	Dates (Month/Day)
<input type="checkbox"/> No Plans Required	Alarm System	_____	Approval _____ Initial _____
<input type="checkbox"/> Partial - Underslab Utilities Approved	Suppression Sys.	_____	_____
Date: _____ Approved by: _____	Standpipe	_____	_____
<input type="checkbox"/> Fire Protection Plans Approved	Fire Pump	_____	_____
Date: _____ Approved by: _____	Pre-Eng. System	_____	_____
Joint Plan Review Required: _____	Mechanical	_____	_____
<input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Elev.	Smoke Control	_____	_____
SUBCODE APPROVAL for PERMIT	TCO	_____	_____
Date: _____	Flam/Combust Tanks	_____	_____
Approved by: _____	Fireplace Venting	_____	_____
SUBCODE APPROVAL for CERTIFICATE	Final	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	Other	_____	_____
Date: _____		_____	_____
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.

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

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

DESCRIPTION OF WORK:	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	_____
Alarm System	_____	_____
<input type="checkbox"/> System	_____	_____
<input type="checkbox"/> 110v Interconnected	_____	_____
<input type="checkbox"/> CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/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 _____	_____	_____
CO ₂ Suppression _____	_____	_____
Foam Suppression _____	_____	_____
FM200 Suppression _____	_____	_____
Other _____	_____	_____
Other Systems	_____	_____
Kitchen Hood Exhaust System _____	_____	_____
Smoke Control System _____	_____	_____
Fuel-Fired Appliances <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Solid _____	_____	_____
Fireplace Venting/Metal Chimney _____	_____	_____
Other _____	_____	_____
Administrative Surcharge \$ _____	_____	_____
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.