



171 Bay Avenue  
07732  
County of Monmouth  
Phone (732)872-1224  
Fax (732)872-0670

## Chimney Certification for replacement of Fuel Fired Equipment

### Borough Hall Use Only

Date \_\_\_\_\_ Permit# \_\_\_\_\_ Block # \_\_\_\_\_ Lot # \_\_\_\_\_

### Worksite Information

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check the Appropriate Box

#### Type of Replacement

- Oil to Gas Conversion
- Gas Appliance Replacement
- Oil to Oil Replacement
- Other (describe)  
\_\_\_\_\_

#### Existing Vent / Chimney

- B lable vent
- L label vent
- Masonry chimney-Tile lined
- Flexible liner
- Power vent/exhauster
- Other (describe)  
\_\_\_\_\_

### Certifying Individual

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Certification Statements

Please Sign One Of The Following Certification Statements

#### 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 chimney/vent is free and clear of obstruction. I further certify that the 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:

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

This form must be returned to the Building Department prior to final inspection