BLOCK 958.19 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 493 Bella Vista Rd. PERMIT NO. 19-2774

CONSTRUCTION PERMIT APPLICATION C49-003756

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

I. IDENTIFICATION

1. Proposed Work Site at: 493 Bella Vista Rd.
2. Name of Owner in Fee: Zahn, Andrew
   [redacted] e-mail _____
   Address Jamie (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: AJ Perri Tel. (732) 720-6375
   Address 1162 Pine Brook Road e-mail Rschramm@ajperri.com
   Tinton Falls, NJ 07724
   License No. OR, if new home, Builder Reg. No. 36BI01256600 Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 36-4194801 FAX: (732) 709-2889
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Andrew Gamatko
   Tel. (732) 720-6375 Rosanne FAX: (____) 732 709-2889

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing HVAC		125	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	128	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ ~~Building~~ Mechanical	1800								
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	1800								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
11. ☐ LPGas Tanks

OCT 07 2019

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 Andrew Bamatto

Address **1162 Pine Brook Road**

Tinton Falls, NJ 07724

Telephone (732) **982-8700** **Fax (732) 709-2889**

Signature Andrew Bamatto

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/22/2019
Control Number C-19-003756
Permit Number 19-2774
Permit Issue Date 10/23/2019
Certificate Number 19-2774

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 493 BELLA VISTA RD. Brick Township, NJ Block: 958.19 Lot: 22 Qual:

Owner in Fee: ZAHN, ANDREW T JR & SGROI, LARAINE

Owner Address: 493 BELLA VISTA ROAD BRICK NJ 08724

Telephone: [redacted]

Contractor AJ PERRI INC

Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Telephone: (732) 720-2116 Fax: (732) 709-2889

License Number or Builders Registration Number: Federal Emp. Number: 36-4726097

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPLACEMENT WATER HEATER

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/22/2019

U.C.C. F260 (rev. 08/05)

MECHANICAL INSPECTOR TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/23/19
Date Issued
Control #
Permit # 19-2774

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

Block 958.19 Lot 22
Work Site Location 493 Bella Vista Rd.

Owner in Fee Zahn, Andrew
Address Same
Tel [redacted]
Contractor A.J. Perri
Address 1162 Pine Brook Road
Tinton Falls, NJ 07724
Tele. (732) ~~982-8700~~ 720-6375 Fax (732) 709-2889
Lic. No. 19HC00103100
Federal Emp. No. 36-4194801

B. MECHANICAL CHARACTERISTICS

Use Group R-3/R-4
Heating System [ ] Conversion [ ] Replacement
Fuel: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Type: [ ] Hydronic [ ] Hot Air
Estimated Cost of Mechanical Work $ 1800

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.
PLANS APPROVED
Date:
Approved by:
SUBCODE APPROVAL
[X] CA [ ] CCO
Date: 11-19-19
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert				
Other Final			11-19-19	

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
Replaced 40gal gas Water Heater

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

Administrative Surcharge $
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

AJ 024 Rev 11 14

CONSTRUCTION PERMIT

Date Issued 10/23/19
Control # C-19-003756
Permit # 19-2774

IDENTIFICATION Block: 958.19 Lot: 22 Qualifier
Work Site Location: 493 BELLA VISTA RD. Brick Township, NJ
Contractor AJ PERRI INC
Address 1138 PINE BROOK ROAD TINTON FALLS NJ 07724

Owner in Fee ZAHN, ANDREW T JR & SGROI, LARAINE
493 BELLA VISTA ROAD BRICK NJ 08724
Telephone: (732) 720-2116
Lic. No. or Bldrs. Reg. No. 19HC00103100 34EB01783000
Federal Employee. No. 36-4726097

Telephone: [redacted]

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☑ OTHER

DESCRIPTION OF WORK:
REPLACEMENT WATER HEATER

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $1,800

Construction Official

Date 10/11/19

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$125.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$128
Check No.	2180
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rsv 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

FIRST-CLASS MAIL
U.S. POSTAGE PAID
TRENTON, NJ
PERMIT 21

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of HVACR Contractors

HAS LICENSED

Kevin R. Perri
1162 Pine Brook Road
Tinton Falls NJ 07724

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

05/22/2018 TO 06/30/2020
VALID

19HC00103100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Board of Exam. of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

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State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

Michael J. Perri
T/A A J PERRI PLUMBING LLC
1162 Pine Brook Road
Tinton Falls NJ 07724

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/07/2019 TO 06/30/2021
VALID

36BI01256600
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Paul Rodriguez
ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
Michael J. Perri
Master Plumber
05/07/2019 TO 06/30/2021
VALID
36BI01256600
SIGNATURE
ACTING DIRECTOR
License/Registration/Certificate #

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PLEASE DETACH HERE

Michael J. Perri EXPIRATION DATE **2021**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **36BI 01256600** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

BRADFORD WHITE®
WATER HEATERS

Residential Atmospheric Vent Gas Water Heater

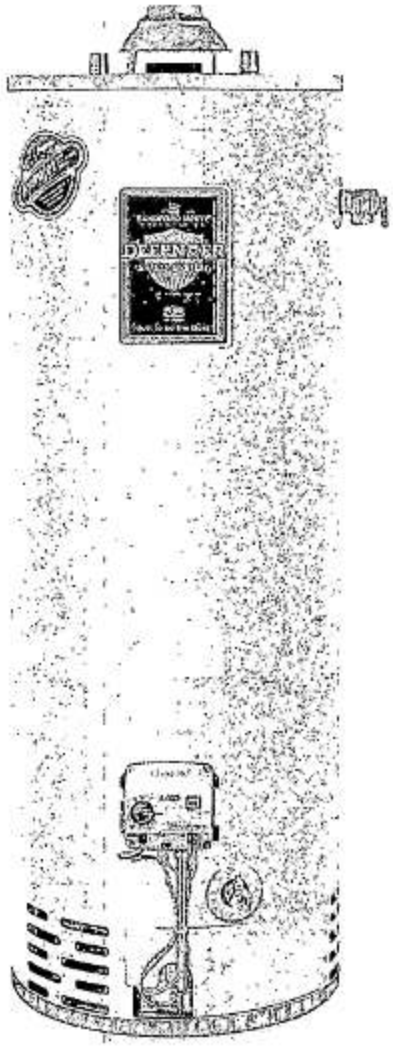

Photo is of
RG240T6N

The Atmospheric Vent FVIR Defender Safety System® Models Feature:

- **Bradford White ICON System®*—**Intelligent gas control with proven millivolt powered technology and built-in piezo igniter. A standard, off-the-shelf thermopile converts heat energy from the pilot flame into electrical energy to operate the gas valve and microprocessor. No need for external electricity.
  - **Enhanced Performance—**Proprietary algorithms provide enhanced First Hour Rating and tighter temperature differential.
  - **Advanced Temperature Control System—**Microprocessor controls burner operation for consistent and accurate water temperature levels up to 160°F (71°C).
  - **Intelligent Diagnostics—**Exclusive multicolor LED light indicates operation status/service required.
- **Advanced ScreenLok® Technology Flame Arrestor Design—**Flame arrestor is designed to prevent ignition of flammable vapor outside of the water heater.
- **Resettable Thermal Switch—**Proven and reliable bimetallic switch prevents burner and pilot operation in case of ongoing flammable vapors burning inside of the combustion chamber or restricted air flow.
- **Maintenance-Free—**No regular cleaning of air inlet openings or flame arrestor is required under normal conditions.
- **Sight Window—**Offers a view into the combustion chamber to observe the operation of the pilot and burner.
- **Factory-Installed Hydrojet® Total Performance System—**Sediment reducing device that also increases first hour rating of hot water while minimizing temperature build-up in tank.
- **Vitraglas® Lining—**An exclusively engineered enamel formula that provides superior tank protection from the highly corrosive effects of hot water. This formula (Vitraglas®) is fused to the steel surface by firing at a temperature of over 1600°F (871°C).
- **Insulation System—**Non-CFC foam covers the sides and top of the tank, reducing heat loss. This results in less energy consumption, improved efficiencies, and jacket rigidity.
- **Pedestal Base.**
- **Water Connections—**3/4" (19mm) NPT factory installed true dielectric fittings.
- **Factory-Installed Heat Traps.**
- **Protective Magnesium Anode Rod.**
- **3x4 "Snap Lock" Draft Diverter—**Allows either 3" (76mm) or 4" (102mm) vent connections with inputs of 40,000 BTU/Hr. or less. Over 40,000 BTU/Hr. has the 4" (102mm) "Snap Lock" Draft Diverter.
- **T&P Relief Valve—**Installed.
- **Low Restrictive Brass Drain Valve—**Durable tamper proof design.
- **NOx Emissions—**Less than 40 ng/J.

FEATURING:

ICON System
Hydrojet
DEFENDER SAFETY SYSTEM

*May vary by region

AHRI CERTIFIED

6 or 10-Year Limited Tank Warranties / 6 or 10-Year Limited Warranty on Component Parts.

For more information on warranty, please visit www.bradfordwhite.com

For products installed in USA, Canada, and Puerto Rico. Some states do not allow limitations on warranties. See complete copy of the warranty included with the heater.

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 958.19 LOT 22 QUALIFICATION CODE _____ PERMIT # _____

WORK SITE ADDRESS 493 Bella Vista Rd.

Owner in Fee Zahn, Andrew

Verifying Individual ANDREW GAMATKO Company AJ PERRI

Address 1162 PINEBROOK ROAD (Street) TINTON FALLS (City) NJ (State) 07724 (Zip Code)

Tel: (732) 939-9316 Fax: (732) 709-2889

Check the Appropriate Box(es):

Type of Replacement:

- [ ] Oil to Gas Conversion
- [ ] Gas to Oil Conversion
- [X] Gas Appliance Replacement
- [ ] Oil to Oil Replacement
- [ ] Other _____

Existing Vent/Chimney: **Size** 6"

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

- [V] Chimney-Interior
- [ ] Chimney-Exterior
- [V] Masonry Chimney-Tile Lined
- [ ] Masonry Chimney-Unlined
- [ ] Other _____

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Water Heater	Oil / (Gas) / Other:	34,000
Appliance 2:	Furnace	Oil / (Gas) / Other:	110,000
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.

Andrew Gamatko Signature 10/1/19 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.