



CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIP

BLOCK: 285.01 LOT: 32

GINA BUCCIERO

1 MARION ST

SOUTH RIVER, NJ 08882

732.762.3868

BLOCK _____ LOT _____ QUALIFICATION CODE _____ PERMIT # _____
WORK SITE ADDRESS _____

Owner in Fee _____

Verifying Individual Douglas Brown

Address 88 Birch Ave. Company Brown's Heating, Cooling & Plumbing
Little Silver NJ 07739

Tel: (732) 741-0694 City Little Silver State NJ Zip Code 07739

Fax: (732) 741-0690

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: Size 5"

- ☒ "B" Label Vent
☐ "L" Label Vent
☐ Flexible Liner
☐ Power Vent/Exhauster
☐ Chimney-Interior
☐ Chimney-Exterior
☐ Masonry Chimney-Tile Lined
☐ Masonry Chimney-Unlined
☐ Other _____

Type

Appliance 1: Boiler

Appliance 2: Water Heater

Appliance 3: _____

Fuel Type

Oil ☒ Gas ☐ Other: _____
Oil / Gas / Other: _____
Oil / Gas / Other: _____

BTU Rating (input/hour)
96,000

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 3.5

Size of Appliance Vent: _____ Size of Liner: 5.5 Height of Chimney: 30'

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.

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.

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.

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.

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.

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

**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

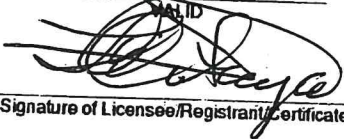
HAS LICENSED

LUIS C. CARTAYA
T/A BROWN'S HTG COOLING & PLBG LLC
39 Damascus Dr
Marlboro NJ 07746

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

05/17/2017 TO 06/30/2019

VALID


Signature of Licensee/Registrant/Certificate Holder

36BI01103700

LICENSE/REGISTRATION/CERTIFICATION #


DIRECTOR

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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 HVACR Contractors

HAS LICENSED

Christian Brown
105 Leonard Avenue
Neptune NJ 07753

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

06/05/2018 TO 06/30/2020

VALID

19HC00740900

LICENSE/REGISTRATION/CERTIFICATION #



Signature of Licensee/Registrant/Certificate Holder



ACTING DIRECTOR