21-128

Olivola, Sandi

Code, Tax Ass. Tax

From: Tiffany Ramirez <opra+request-21083-93dfec6b@requests.opramachine.com>
Sent: Monday, March 15, 2021 9:48 AM
To: Galland, Kevin
Subject: OPRA request - Request for 21 Hugo Ave

To Whom it May Concern,

As the potential purchaser of 21 Hugo in Woodland Park, please accept this request for information regarding:

1 - Confirmation as to whether there are any open permits for this premises. If readily available, the requestor would also like to receive copies of all permits, open and closed, for the above-identified property that have been taken out over the last 20 years.

✓ none 2 - Confirmation as to whether any municipal assessments have been or will be imposed on the owner of 21 Hugo. If such assessments exist, the requestor would also like to receive copies of the same.

✓ 3 - Copies of any/all deed restrictions of record affecting 21 Hugo.

Thank You,
Tiffany Ramirez

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-21083-93dfec6b@requests.opramachine.com

Is kgalland@wpnj.us the wrong address for OPRA requests to Woodland Park Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=woodland_park_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/request_for_21_hugo_ave

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Due: 3-23-2021

3.25.2021
Mari J Margotta
pages.

Olivola, Sandi

From: taxassessor
Sent: Monday, March 15, 2021 12:28 PM
To: Olivola, Sandi
Cc: Lawler, Bernadette
Subject: Re: OPRA Request 21-128

Sandi,

It looks like this request needs to also go to the Building Department as they would need to provide you with the permit information.

I do not have any copies of any deed restrictions on file for this property as far as I can see from the tax record. The last sale was in 2016.

Bern can check on the municipal assessments.

If you need anything else from me, let me know.

Thanks,

Tim

Timothy J. Henderson, CTA
Woodland Park Tax Assessor
5 Brophy Lane
Woodland Park, NJ 07424
973-345-8100 - X-212

From: Olivola, Sandi <solivola@wpnj.us>
Sent: Monday, March 15, 2021 12:17 PM
To: taxassessor
Cc: Lawler, Bernadette
Subject: OPRA Request 21-128

Hi Tim,

I hope this email finds you well! Please see the attached OPRA request.

Thank you.

Best regards,

Sandra M. Olivola, RMC/CMR
Municipal Clerk
Borough of Woodland Park
5 Brophy Lane

Olivola, Sandi

From: Lawler, Bernadette <blawler@wpnj.us>
Sent: Monday, March 15, 2021 1:21 PM
To: taxassessor; Olivola, Sandi
Subject: RE: OPRA Request 21-128

Good Afternoon,

There are no municipal special assessments on this property.

Respectfully,

Bernadette Lawler CTC
Tax Collector for the Borough of Woodland Park
5 Brophy Lane
Woodland Park NJ 07424
Phone – 973-345-8100 ext 206
Fax – 973-345-7583

From: taxassessor [mailto:taxassessor@wpnj.us]
Sent: Monday, March 15, 2021 12:28 PM
To: Olivola, Sandi
Cc: Lawler, Bernadette
Subject: Re: OPRA Request 21-128

Sandi,

It looks like this request needs to also go to the Building Department as they would need to provide you with the permit information.

I do not have any copies of any deed restrictions on file for this property as far as I can see from the tax record. The last sale was in 2016.

Bern can check on the municipal assessments.

If you need anything else from me, let me know.

21-128

Olivola, Sandi Code Tax Ass.

From: Tiffany Ramirez <opra+request-21083-93dfec6b@requests.opramachine.com>
Sent: Monday, March 15, 2021 9:48 AM
To: Galland, Kevin
Subject: OPRA request - Request for 21 Hugo Ave

To Whom it May Concern,

As the potential purchaser of 21 Hugo in Woodland Park, please accept this request for information regarding:

1 - Confirmation as to whether there are any open permits for this premises. If readily available, the requestor would also like to receive copies of all permits, open and closed, for the above-identified property that have been taken out over the last 20 years.

2 - Confirmation as to whether any municipal assessments have been or will be imposed on the owner of 21 Hugo. If such assessments exist, the requestor would also like to receive copies of the same.

3 - Copies of any/all deed restrictions of record affecting 21 Hugo.

Thank You,
Tiffany Ramirez

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-21083-93dfec6b@requests.opramachine.com

Is kgalland@wpnj.us the wrong address for OPRA requests to Woodland Park Borough? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=woodland_park_borough

Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/request_for_21_hugo_ave

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

Due: 3-23-2021

From Code - All Closed Permits

Nothing Open -

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 9/26/05

Date Issued Permit # 05-412

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

Block 46 Lot 9 Qualification Code

Work Site Location 21 Hugo Ave
W. Paterson 07424

Owner in Fee J. Gomez

Address same

Tel (973) 754-0963

Contractor J.T. O'Brien Plumbing & Heating, LLC

Address 10 Railroad Avenue
Ridgefield Park, New Jersey 07660

Tel (201) 931-1333 FAX (201) 931-1711

Contractor License No. 11633

Federal Emp. No. 260-006573

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 $ 1,199.—

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: 11-1-05

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCP			11-1-05	

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.

Signature — Contractor's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	50
	Fuel Oil Piping	
	Gas Piping	
	LPGas 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	$ 52

80446

U.C.C. F130 (rev. 1/04)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 8/30/16
Date Issued Permit # 16-319

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

Block 46 Lot 9 Qualification Code

Work Site Location 31 Hugo Ave

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 -Understab 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 [ ] CCO [ ] CA
Date: 10/31/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.			10/31	
Constr. Serv.				
TCO				
Other				
Service				
Final	10/4/16	10/7/16	10/31/16	
Barrier-Free				

Dates (Month/Day)

Temp. Cut-In-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

NOT HOME 5:17

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 Cont'r [ ] 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	150
		KW Elec. Sign/Outline Light	

Paid H 137

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$ 1
TOTAL FEE	$ 151

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 7/18/12
Permit # 12-297

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

Block 46 Lot 9 Qualification Code
Work Site Location 21 Hugo Ave W. Paterson NJ
Owner in Fee: Jorge Gallo
Tel. (201) 685-8758 e-mail
Address 21 Hugo Ave W Paterson NJ
street municipality zip code
Contractor: William J. Guarini Inc. Tel. (201) 656-1530
Address 76 - 80 Fisk Street e-mail
Jersey City, New Jersey 07305
Contractor License No. 9961 Exp. Date
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. 22-1995-077 FAX: (201) 656-0293

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 $ $1710-

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: Install Kitchen

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	60-
	Fuel Oil Piping	
	Gas Piping	
	LPGas 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	$ 3
	TOTAL FEE	$ 63

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial - Underslab Utilities Approved
Date: 7/16 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: 7-26-12
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7/26/12	

Cold Install - Paid VH
Vacant house
Work not on at time 2568

Borough of Woodland Park

Department of Inspection
Construction Code Enforcing Agency

Felix Esposito
Construction Official
Zoning Officer

Passaic County, NJ
5 Brophy Lane
Woodland Park, NJ 07424
Office: (973) 345-8100 x208
Fax: (973) 345-3729
email: codeenforcement@wpnj.us

June 9, 2015

Fannie Mae C/O H. Menza
Nicholas Real Estate
1624 Main Ave.
Clifton, NJ 07011

RE: Permit # 12-297 – 21 Hugo Ave.

Dear Sir or Madam

A review of our records has determined that final inspections have not been obtained on permits noted below:

Permit # 12-297 (hot water heater)

Please call Arlene in the Code Enforcement Officer at 973-345-8100, Ex. 209 to arrange final inspections within 3 days of receipt of this letter.

Sincerely,

Felix Esposito

Felix Esposito
Construction Code Officer

CHIMNEY VERIFICATION FOR REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 46 LOT 9 QUALIFICATION CODE PERMIT #

WORK SITE ADDRESS 21 Hugo Ave West Paterson NJ

Owner in Fee Jorge Gomez

Verifying Individual Kevin Orth Company William J Guadagni Inc.

Address 76 Fisk st Jersey City NJ 07305
Street City State Zip Code

Tel: (201) 656-1530 Fax: (201) 656-0293

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 _____

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

Ken O. Signature 7-3-12 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 EMRGENCY 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.

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

WILLIAM J. MELMS
T/A WILLIAM J GUARINI, INC
76 FISK STREET
JERSEY CITY NJ 07305

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

05/04/2011 TO 06/30/2013
VALID

36BI00996100
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 5/29/15
Permit # 15-225

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

Block 46 Lot 9 Qualification Code

Work Site Location 21-Hugo Ave-Woodland Park, NJ

Owner in Fee: Fannie Mae C/o Hugo Menza CNI Nicholas Real Estate

Tel. 973 340-1202 e-mail

Address 1624 main Ave Clifton N.J 07011
(Street) (Municipality) (Zip code)

Contractor: ARROW PLUMBING & HEATING Tel. 201-435-5420

Address 719 5TH STREET e-mail
CARLSTADT NJ 07072

Contractor License No. 6621 Exp. Date 6/15

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 522415413 FAX: 201 438-3036

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 $ 5,600.00

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: 6-9-15
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6-9-15	

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: Joseph Surano

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Won Boiler

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	
	LPGas Tank	
	Steam Boiler	
1	Hot Water Boiler	60
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $	
Minimum Fee $	11
State Permit Surcharge Fee $	
TOTAL FEE $	71

Paid 1011

U.C.C. F130 (rev. 11/09)
Internet version

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

REPLACEMENT OF FUEL-FIRED EQUIPMENT

BLOCK 46 LOT 9 QUALIFICATION CODE _____ PERMIT # 15-225

WORK SITE ADDRESS 81 - Hugo Ave

Owner in Fee Fannie Mae / c/o Hugo Menza - Nicholas Real Estate (973-340-1202)

Verifying Individual Fred Dedomenico Jr Company Arrow Plumbing

Address 85 - W 32nd ST (Street) Bayonne (City) N.J. (State) 07002 (Zip Code)

Tel: (201) 968-8678 Fax: (___) _____

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 _____

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

	Type	Fuel Type	BTU Rating (input/hour)
Appliance 1:	Heating Boiler	Oil / (Gas) / Other:	110,000
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.

Fred m Dedomenico Jr Signature 5/29/2015 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.