



# 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.*



GALLOWAY TOWNSHIP  
OFFICE OF THE FIRE OFFICIAL

300 E. JIMMIE LEEDS ROAD, GALLOWAY, N.J. 08205  
(609) 652-3700 EXT. 240 FAX: (609) 652-5259

TOWNSHIP OF GALLOWAY

**SMOKE ALARM & CARBON MONOXIDE ALARM COMPLIANCE**

This form must be submitted prior to a final inspection of work being performed. It is not a prerequisite to the issuance of a construction permit.

**NFPA 72-10.4.7 Replacement of Smoke Alarms in One-Two family Dwellings:**

Unless otherwise recommended by the manufacturer's published instructions, single and multiple station smoke alarms installed in one & two family dwellings shall be replaced when they fail to respond to operability tests, but shall not remain in service longer than 10 years from the date of manufacture.

**Smoke Alarms:**

The permit for which you have applied for requires that smoke alarms be installed in your dwelling, (see NJAC 5:23-6.4(1), 6.5(f), 6.6(f), as applicable.

Smoke alarms shall be installed on each level of the dwelling, including basement, outside of each separate sleeping area in the immediate vicinity of the bedroom. Smoke alarms should be placed on or near the ceiling.

Smoke alarms are permitted to be battery operated unless they are hardwired then they must be maintained hardwired.

It is your responsibility as the homeowner/agent to ensure that these provisions have been met.

**Carbon Monoxide Alarms:**

The permit for which you applied for also requires a carbon monoxide alarm(s) be installed in your dwelling unit (see NJAC 5:23-6.4(g) or 6.6(g), as applicable.

NJAC 5:23-3.20(c) requires that carbon monoxide alarms be installed and maintained in full operating condition in the immediate vicinity of each sleeping area when the building contains a fuel burning appliance or has an attached garage.

Carbon monoxide alarms are permitted to be battery operated, hardwired or plug in type.

It is your responsibility as the homeowner/agent to ensure that these provisions have been met.

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUAL CODE \_\_\_\_\_

NAME OF OWNER /AGENT \_\_\_\_\_

JOB ADDRESS \_\_\_\_\_

NO. STREET TOWN STATE ZIP

PHONE NO. \_\_\_\_\_

I DO HEREBY CERTIFY I HAVE READ THE ABOVE & THAT THE ALARMS ARE INSTALLED AS STATED IN WORKING ORDER AND THE INFORMATION PROVIDED ON THIS FORM IS CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Over →