

Department of Community Planning, Housing, and Development Inspection Services Division

2100 Clarendon Boulevard Suite 1000

Arlington Virginia 22201 Telephone: 703.228.3800

www.arlingtonva.us

http://building.arlingtonva.us

Facsimile: 703.228.7046

In accordance with the currently adopted edition of the Virginia Uniform Statewide Building Code, Part I Virginia Construction Code, Sections M1801.1.1 Equipment Changes and G2425.1.1 Equipment Changes, upon the replacement or new installation of any fuel-burning appliances or equipment in existing buildings, an inspection or inspections shall be conducted to ensure that the connected vent or chimney systems comply with the following:

1. Vent or chimney systems are sized in accordance with this code.

Signature:

Date of Certification:

2. Vent or chimney systems are clean, free of any obstruction or blockages, defects, or deterioration and are in operable condition.

Where not inspected by the local building department, persons performing such changes or installations shall certify to the building official that the requirements of Items 1 and 2 of this section are met.

Please complete the information and certification below for the replacement and new installation of any fuel-burning appliances or equipment in existing one- and two-family residential buildings only. Please provide this certification to ISD upon field inspection of such fuel-burning appliances or equipment.

| Permit Number: | | |
|---|-----------------------------|------------------------------------|
| | | |
| Contractor: | | |
| Address: | | |
| City: | | |
| Telephone:Virginia DPOR Contractor License Number: | | |
| virginia DPOR Contractor License Number. | | |
| | | |
| | | |
| In accordance with the currently adopted edition | | |
| M1801.1.1 Equipment Changes and G2425.1.1 Equi | | ertify that: |
| i. the vent or chimney systems are sized in acc | | |
| ii. the vent or chimney systems are clean, free are in operable condition | of any obstruction or block | ages, defects or deterioration and |
| iii. the above information provided is accurate | | |
| iv. the below individual performed the above fue | el-burning appliance equipm | ent replacement or installation. |
| Name (Print): | | |