



VENT / CHIMNEY CERTIFICATION for Fuel-burning Appliances and Equipment

Complete the information and certification below for the replacement installation of all fuel-burning appliances and equipment in existing buildings.

PROJECT INFORMATION

Permit Number: _____ Date of Installation: _____

Street Address: _____

CERTIFIER INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Virginia Contractor's License Number: _____

CERTIFICATION

I hereby certify that i) the above information is accurate, ii) the vent or chimney is constructed and sized in accordance with the Virginia Residential Code and iii) the vent or chimney is clean, free of any obstruction or blockages, defects or deterioration and is in operable condition.

Name (print): _____

Signature: _____ Date: _____

Name of re-lining system if installed: _____

SUBMIT TO: **Land Development Services**
 Residential Inspections Division
 12055 Government Center Parkway
 Suite 307
 Fairfax, VA 22035
 Email: LDSBuildingInspections@fairfaxcounty.gov