



Vent / Chimney Certification for Fuel-burning Appliances and Equipment

Project information

Project Address: _____ Permit No. _____

Date of installation: _____

Certifier's information

Name: _____

Address: _____

City: _____ State: _____ Zip code _____

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 of chimney is clean, free of any obstruction or blockages, defects or deterioration and is operable condition.

Name (print) _____

Signature: _____ Date: _____

Name of re-lining system if installed: _____

Submission of completed Vent / Chimney Certification is required prior to final inspection.

Submit to: Town of Warrenton
Community Development
PO Box 341
Warrenton, Virginia 20188-0341
Email: permittech@warrentonva.gov
Telephone: 540-347-1101 x106
Fax: 540-212-6342