



**Culpeper County  
Building Department**

302 N. Main Street • Culpeper, VA 22701

For General Question: [buildinggeneral@culpepercounty.gov](mailto:buildinggeneral@culpepercounty.gov)

P:(540) 727-3405 •

**CHIMNEY / FLUE CERTIFICATION**

FOR REPLACEMENT OF FUEL FIRED EQUIPMENT

**(INCOMPLETE FORMS WILL NOT BE ACCEPTED AND INSPECTION WILL FAIL)**

Permit # \_\_\_\_\_

Job Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

CHECK THE APPROPRIATE BOXES:

<b>Type of Replacement:</b> <input type="checkbox"/> Oil to Gas Conversion <input type="checkbox"/> Gas Appliance Replacement <input type="checkbox"/> Oil to Oil Replacement <input type="checkbox"/> Wood stove or FP insert <input type="checkbox"/> Other _____	<b>Existing Vent/Chimney:</b> <input type="checkbox"/> B label Vent <input type="checkbox"/> L label Vent <input type="checkbox"/> Masonry Chimney- Tile Lined <input type="checkbox"/> Flexible Liner <input type="checkbox"/> Power Vent/Exhauster <input type="checkbox"/> Other _____
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Flue/Vent/Chimney description (include materials):  
\_\_\_\_\_  
\_\_\_\_\_

Interior dimension(s) of flue: \_\_\_\_\_

Height of flue: \_\_\_\_\_

Number of inlets into flue: \_\_\_\_\_

Size(s) of inlets: \_\_\_\_\_

This vent/chimney (**is / is not**) sized in accordance with code.

This vent/ chimney (**is / is not**) clean, in operable condition, and free from obstructions, blockages, and defects.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Technician: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_