

**LINDEN CONDOMINIUM UNIT OWNERS ASSOCIATION
CHIMNEY/FIREPLACE AND DRYER VENT INSPECTION FORM**

Owner Name: _____

Phone: _____

Unit Address: _____

Email: _____

Work Date: _____ Description: Chimney/Fireplace Dryer Vent Both

Please Include a Copy of Receipt for Any Work Performed

CHIMNEY/FIREPLACE INSPECTION DETAILS

Work Performed: Inspection Sweeping Repair

Chimney in Good Condition: Yes No

Chimney Lined: Yes No

Door Gaskets in Good Shape: Yes No

Debris in Chimney: Yes No

New Damper Needed: Yes No

Draft Problem: Yes No

Chimney Exterior Needs Repairs: Yes No

Animals in Flue: Yes No

Is the Chimney a Fire Hazard: Yes No

Repairs Conducted: _____

DRYER VENT INSPECTION DETAILS

Work Performed: Inspection Cleaning Repair

Dryer Vent in Good Condition: Yes No

Vent Connected: Yes No

Cleaning Required: Yes No

Debris in Vent: Yes No

Is the Vent a Fire Hazard: Yes No

Repairs Conducted: _____

Customer/Resident Signature

Inspector Signature

Work Performed By: _____

Company Name: _____

Address: _____

Phone: _____ Fairfax County Business License Number: _____

EMAIL COMPLETED FORM TO k.sherman@cardinalmanagementgroup.com