

**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:** _____