

APPLICATION FOR EXEMPTION FROM MECHANICAL VENTILATION

1. Applicant Name(s): _____ Telephone: _____
Applicant Name(s): _____ Telephone: _____
2. Facility Name: _____
Facility Address: _____
3. Facility Type: Restaurant ____ Market ____ Bakery ____ Other _____
4. Appliance Type (rotisserie, oven, etc.): _____ Weight: _____
5. Equipment Manufacturer: _____
Address: _____
Model: _____ Specifications Included? Yes ____ No ____
6. Heat Source: Electric ____ Gas ____ Solid (wood, charcoal, etc.) ____ Microwave ____
Other (specify): _____
7. Certified to meet NSF/ANSI Standard 4? Yes ____ No ____ Don't Know ____
If "yes", certifying organization: NSF Int'l ____ ETL/I ____ UL Sanitation (EPH) ____
Other certifying organization (specify): _____
8. Hours per day of operation of appliance: _____ Number of days/week: _____
9. Approximate size of facility (square feet): _____ Of area/room with cooking equipment _____
10. Area/Room ceiling height _____ Ventilation (CFM) in room/area _____
11. # of appliances currently in use that have been previously approved for use without mechanical ventilation: _____
12. How many appliances are you requesting to install without mechanical exhaust ventilation? _____
13. Types of foods to be cooked in the appliance (*check all that apply*):
- a. Pre-cooked wrapped/packaged foods-reheat only: _____
 - b. Baked goods: (including bread, rolls, pastries, pies, cookies, cakes, etc.): _____
 - c. Vegetables: (including baked potatoes, steamed vegetables, beans, etc.): _____
 - d. Pizza: _____ frozen par baked: _____ made fresh: _____
 - e. Sandwiches: (containing only ready to eat fillings): _____
 - f. Raw meats and/or raw eggs: (meat, fish, poultry): _____
 - g. Open cooking: (sauté, grill, etc.): _____
 - h. Deep fat fried foods: _____
 - i. Other (specify): _____
14. "Ductless" ventilation provided: Yes ____ No ____
If yes, is it included with appliance? ____ or installed separately? ____
- ▶ Ductless Hood Manufacturer: _____ Model: _____
- ▶ Complies with UL Standard 197? Yes ____ No ____ Don't know ____

APPLICANT SIGNATURE

DATE

FOR OFFICE USE ONLY

Recd by _____ Date _____ Amt. Recd _____ Check # _____