

## DOB BOILER INSPECTION REPORT/ DEP BOILER RENEWAL REQUEST

Legibly printed, typewritten and web-based fill-in forms accepted.  
 Fill-in form available online at: <http://www.nyc.gov/html/dob/html/forms/forms.shtml>  
 To file DOB Boiler Inspection Report: complete sections 1-6 and 8.  
 To file DEP Boiler Renewal Request: complete 1-3 and 7-8.  
 You may fulfill filing requirements for both agencies by completing the entire form.  
 Use this form for renewal of existing boilers only. For new boiler installations, file DEP Form APC 5-0 (>2.8mBTU) or Form APC 501 (<2.8mBTU) and DOB Form 900A, PW-1 and PW-1C.

<b>1 Premises Address</b>				
Borough	Block	Lot(s)	BIN	Special Place Name:
House No.	Street Name		ZIP	

<b>2 Building Occupancy</b>	
<input type="checkbox"/> Multiple Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other _____	Total No. of Residential Units _____

<b>3 Owner</b> <input type="checkbox"/> Check here if change in owner since last filing				
Name		Business Phone (    )		
Address	City	State	ZIP	E-mail
Contact Person		Relationship to owner		Business Phone (    )
Address	City	State	ZIP	E-mail

<b>4 DOB Inspection Report</b>		Inspection completed on: _____		Type of inspection <input type="checkbox"/> Internal <input type="checkbox"/> External		
If Fee Exempt, check type of acceptable proof <input type="checkbox"/> Real Estate \$0.00 tax bill <input type="checkbox"/> Verification Letter from Department of Finance						
DOB Boiler Number(s)	DEP Installation Number(s)/Expiration Date	Boiler Make & Model	Pressure		Floor	Violations Found: "NV" for No Violation or enter Description(s)
			Hi/Lo	PSI		
	# Exp.					
	# Exp.					
	# Exp.					
	# Exp.					
	# Exp.					

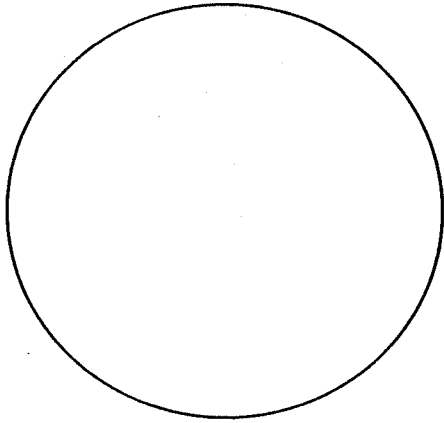
Number of boilers inspected \_\_\_\_\_ X \$30 each = \$ \_\_\_\_\_ (DOB Total Fee- to be entered in Section 8, line a, on reverse)  
 Boilers to be inspected in accordance with requirements of NY State Labor Law Section 204, NY State Department of Labor Rules and Regulations 12 NYCRR 4, and New York City Building Code, Title 27, Chapter 1, Subchapters 7 and 14 and Reference Standard RS-14.

<b>5 Boiler Insurance Company</b> (Complete only if insurance company performs inspection.)		
Insurance Company	Contact Person	Business Phone (    )
Address	City	State    ZIP
Policy Holder Name	Certificate/Policy No.	Expiration Date
Address	City	State    ZIP

<b>INTERNAL USE ONLY</b>	DOB Audit – Inspector's Name		Badge Number	Inspection Date	Initials
	<input type="checkbox"/> Violation issued <input type="checkbox"/> No Violation Found		Comments		
	Audit Results		<input type="checkbox"/> Passed <input type="checkbox"/> Failed		
	Data entry date				

**6 Authorized NYC Boiler Inspector**

SEAL



Name \_\_\_\_\_ License No. \_\_\_\_\_

Check the appropriate type:

 Insurance Company Representative      High Pressure Boiler Operator

Authorized to perform low pressure inspections only:

 Master Plumber      Oil Burner Equipment Installer

Signature \_\_\_\_\_

Date \_\_\_\_\_

This inspection report will not be accepted if the appropriate sections are incomplete. The Department of Buildings' Boiler Division must receive this form within 30 days of the inspection date. If the report is not filed by the owner prior to January 1<sup>st</sup>, the owner shall be liable for a civil penalty, pursuant to Section 26-125 of the Administrative Code.

Falsification of any statement is a misdemeanor under Section 26-124 of the Administrative Code and is punishable by a fine, imprisonment, or both. Bribery is a crime; a person who gives or offers a bribe or gratuity to any employee of the City of New York or an employee who takes or solicits a bribe or gratuity is guilty of a felony, punishable by a fine, imprisonment, or both.

**7 Department of Environmental Protection**

Owners/Agents: Complete this section only in expiration year.

Insurance companies: Do not complete this section.

Select one:  Renew Registration      Renew Certificate to Operate

Installation # _____	Expiration Date _____	# Of Identical Units _____	Fee Enclosed \$ _____
Installation # _____	Expiration Date _____	# Of Identical Units _____	Fee Enclosed \$ _____
Installation # _____	Expiration Date _____	# Of Identical Units _____	Fee Enclosed \$ _____
			DEP Total Fee (to be entered in Section 8, line b, below) \$ _____

If Fee Exempt, check type of acceptable proof  Real Estate \$0.00 tax bill      Verification Letter from Department of Finance

Please provide contact information for the owner, superintendent, contractor or other authorized agent who can be contacted to schedule an inspection, provide access and operate equipment to demonstrate compliance.

Contact Person (if different than listed in section 3)	Telephone Number ( )
Address _____ Apt. No. _____ City _____ State _____ ZIP _____	
Fax Number ( ) _____	E-mail _____

I request renewal of the Registration/Certificate to Operate for the equipment which is the subject of the above referenced installation number and which has been inspected by the owner/owner's agent and is ready for inspection by DEP's Bureau of Environmental Compliance.

I am aware that if there is exposed friable asbestos in a damaged or deteriorated condition in the room/area where the equipment is located, the inspection will not be completed and a notice of disapproval will be issued.

"I hereby affirm, under penalty of perjury, that the information provided on this form is true to the best of my knowledge and belief and that the equipment will be operated in accordance with the requirements of the Air Pollution Control Code Chapter 1 of Title 24, New York City Administrative Code, and appropriate requirements of other agencies. I recognize that false statements are punishable as a misdemeanor pursuant to Section 24-190 of the Air Pollution Control Code and Section 210.45 of the Penal Law."

Owner/Representative Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

P.E./ R.A. Seal & Signature  
(Required only if filing Renewal of Certificate to Operate)**8 Fee Calculation**

a) DOB Total Fee \$ _____	See section 4 on reverse side. Enter "0" if filing only with DEP. Do not leave blank.
b) DEP Total Fee \$ _____	See section 7 above. Enter "0" if this is not the year of expiration or if form is filed by an insurance company. Do not leave blank.
c) Grand Total: \$ _____	<b>Make check or money order payable to NYC Department of Buildings for this amount.</b>

**Submit to: Department of Buildings, 280 Broadway, 6<sup>th</sup> Floor, New York, New York 10007  
Attention: CFB - Boilers**