

BOILER/PRESSURE VESSEL INSTALLATION PERMIT

INSTALLATION: New Reinstalled Second Hand Date ____/____/____

INSTALLER	OWNER OF VESSEL/BOILER	OBJECT LOCATION
Name	Name	Name
Street	Street, PO Box, RR	Street
City, State, ZIP	City, State, ZIP	City, State, ZIP
License Number: Exp. Date:		Specific Location, (i.e. 3rd floor utility room)
Contact Person: Phone:	Contact Person: Phone:	Contact Person: Phone:

OK No.	National Board No.	Manufacturer	Mfg. Serial No.	Year Built	Unit Type:						
					<input type="checkbox"/> Water Tube <input type="checkbox"/> Fire Tube <input type="checkbox"/> Cast Iron <input type="checkbox"/> Storage Tank <input type="checkbox"/> Other						
Input (Boilers)	<input type="checkbox"/> PPH or MBTU/Hr <input type="checkbox"/> KW <input type="checkbox"/> Sq Ft Htg Surface	Volume (Press. Vessels) <input type="checkbox"/> Gallons <input type="checkbox"/> Yes <input type="checkbox"/> No CNG Storage <input type="checkbox"/> Yes <input type="checkbox"/> No	MAWP (PSI)	ASME Section:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">I</td> <td style="text-align: center;">IV</td> <td style="text-align: center;">VIII</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> E</td> <td style="text-align: center;"><input type="checkbox"/> H <input type="checkbox"/> HLW</td> <td style="text-align: center;"><input type="checkbox"/> U</td> </tr> </table>	I	IV	VIII	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> H <input type="checkbox"/> HLW	<input type="checkbox"/> U
I	IV	VIII									
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> E	<input type="checkbox"/> H <input type="checkbox"/> HLW	<input type="checkbox"/> U									

Pressure Relief Valve Size	Pressure Relief Valve Set Pressure	Pressure Relief Valve Capacity	Manufacturer	Low Water Fuel Cutoff Mfg.
1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	<input type="checkbox"/> BTU/hr <input type="checkbox"/> Lb/hr <input type="checkbox"/> scfm 1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	_____ Probe Type _____ Flow Switch _____ Float & Chamber _____ Other (Specify) _____

PRESSURE/ALTITUDE GAGE: Dial Graduation _____ Valve/Cock Size _____ MAWP _____ Pipe Connection Size _____ Siphon or Equivalent Device <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPANSION TANK: ASME Constructed <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____ MAWP _____ No. Gallons _____	VENTILATION AND COMBUSTION AIR Unobstructed Opening (sq. in.) _____ Power Ventilator Fan (CFM) _____
WATER LEVEL INDICATORS: Number of Gage Glasses Number _____ of Remote Indicators Size of _____ Connection Piping _____	FEED WATER SUPPLY: Number of Feeding Means _____ Pipe Size _____ Stop Valve Size _____ MAWP _____ Check Valve Size _____ MAWP _____	
STOP VALVES: Number of Valves _____ Valve Size _____	EXTERNAL PIPING ASME CODE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____	FUEL TRAIN: <input type="checkbox"/> CSD-1 <input type="checkbox"/> NFPA-85 <input type="checkbox"/> Other _____
BOTTOM BLOWDOWN CONNECTIONS: Number of Valves _____ Valve Size _____ MAWP _____ Piping Run Full Size <input type="checkbox"/> Yes <input type="checkbox"/> No	POTABLE WATER HEATER UNIQUE REQUIREMENTS Yes <input type="checkbox"/> No <input type="checkbox"/> Inlet Stop Valve Size _____ MAWP _____ Outlet Stop Valve Size _____ MAWP _____ Drain Valve Size _____ Thermometer <input type="checkbox"/> Yes	
Manufacturer's Data Report Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Does boiler replace existing one: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clearance from walls and floors: Side _____ Bottom _____ Top _____	

Additional recommendations and remarks by installer:	
Installer Name (PRINT) _____ License # _____	I HEREBY CERTIFY THAT THE INSTALLATION COMPLIES WITH JURISDICTIONAL CODE REQUIREMENTS Installer Signature _____