



State of Rhode Island and Providence Plantations
Department of Labor and Training - Division of Occupational Safety
1511 Pontiac Avenue, P. O. Box 20157 Cranston, RI 02920-0942
(401) 462-8570 | www.dlt.ri.gov/occusafe/boiler.htm

Benjamin P. Anthony
Chief Inspector

BOILER UNIT

Application for Permit to Install Boilers

PERMIT # _____

TO BE COMPLETED BY INSTALLER PRIOR TO BOILER INSTALLATION, THEN FORWARDED TO ABOVE ADDRESS ACCOMPANIED BY INSTALLATION FEE.* BOILER DRAWINGS MUST ACOMPANY THIS APPLICATION.

1. Owner/User: _____ Installer: _____
Address: _____ Address: _____
Tel. No.: _____ Tel. No.: _____
Approx. Installation Date: _____ Location: _____

2. BOILER Manufactured By: _____ Steam: _____ Circulating H.W.: _____
New: _____ Used: _____ Yr. Manuf. _____ NB# _____ Manuf. Ser. No. _____
C. I.: _____ Steel: _____ Watertube: _____ Firetube: _____ H.W. Tank: _____
MAWP: _____ PSI _____ Min. Safety Valve Rel. Cap. _____
Heat Input: _____ BTU/Hour: _____ Steam Generating Capacity: _____ LB/Hour _____
Water Heating Capacity: _____ BTU/LB/Hour: _____

3. SAFETY APPURTENANCES INCLUDED: Firematic Switch: _____ L.W. C. O. _____
Safety Valve(s): _____ Remote Switch: _____

4. BOILER ROOM: New: _____ Existing: _____

5. Does Boiler Room meet all code requirements? Yes No

Ex. (a) Proper ventilation: _____

(b) Three (3) foot clearances on all sides and top of boiler(s) and aceiling or piping for boilers with manholes.

(If no, use comment space at bottom to explain.)

* Each High Pressure Unit \$300.00

Each Low Pressure Unit \$120.00

Pipefitter Master I License Number: _____

CERTIFICATION

I, _____ certify that the boiler mentioned above will be installed in compliance with all state law pertaining to boiler installations. I also recognize that failure to adhere to said state laws may result in a fine of up to \$500.00 and imprisonment of up to 3 months or both, as set forth in 28-25-10 of the Rhode Island General Laws.

STATE OF RHODE ISLAND
DEPT. OF LABOR & TRAINING
BOILER UNIT

Date: _____

Amount: _____

Receipt #: _____

Check #: _____

PERMIT APPROVED BY: _____

INSTALLATION APPROVED BY: _____

DATE: _____

IF INSURED, BY WHOM: _____

COMMENTS: _____