



## 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.

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

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

3 Owner		<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

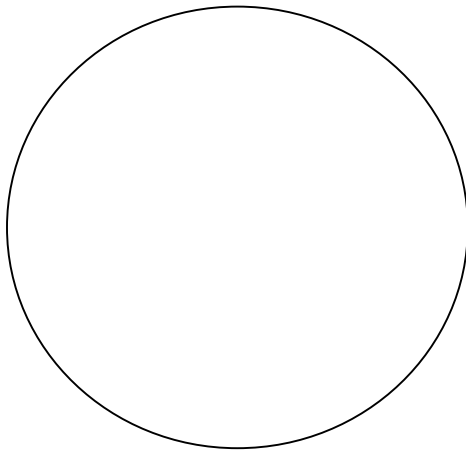
4 DOB Inspection Report		Inspection completed on: _____	Type of inspection <input type="checkbox"/> Internal <input type="checkbox"/> External			
If Fee Exempt, check type of acceptable proof <input type="checkbox"/> Real Estate \$0.00 tax bill <input type="checkbox"/> Verification Letter from Department 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.

5 Boiler Insurance Company (Complete <b>only</b> 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

INTERNAL USE ONLY	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: <input type="checkbox"/> Insurance Company Representative <input type="checkbox"/> High Pressure Boiler Operator
	Authorized to perform low pressure inspections only: <input type="checkbox"/> Master Plumber <input type="checkbox"/> 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: <input type="checkbox"/> Renew Registration <input type="checkbox"/> 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 <input type="checkbox"/> Real Estate \$0.00 tax bill <input type="checkbox"/> 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) <b>DOB Total Fee</b> \$ _____	See section 4 on reverse side. Enter "0" if filing only with DEP. Do not leave blank.
b) <b>DEP Total Fee</b> \$ _____	See section 7 above. Enter "0" if this is <b>not</b> the year of expiration or if form is filed by an insurance company. Do not leave blank.
c) <b>Grand Total:</b> \$ _____	<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**