



**PW1-C: Schedule C
Heating & Combustion Equipment**

Orient and affix BIS job number label here

Application Must be Typewritten.

1 Filing Status *Required for all applications.*

Filing purpose, choose one: New Installation Replacement/Modification Removal/ Discontinuation Change Grade of Oil Used
 Type of work: Boiler Burner Fuel Storage Mobile Boiler or FS Tank

2 Location Information *Required for all applications.*

Borough _____ House No(s) _____ Street Name _____
 BIN _____ Block _____ Lot _____ Apt. / Condo No(s) _____
 Occupancy Type choose one: Commercial Mixed Use 1 to 5 families 6 or more families Other:

3 Owner of Boiler

Last Name _____ First Name _____ Middle Initial _____
 Business Name _____ Business Telephone _____ Business Fax _____
 Address _____ Mobile Telephone _____ E-Mail _____
 City _____ State _____ Zip _____

4 Boiler Specifications *Required for all applications. Additional Schedule C is required for more than three types of boiler make/model*

If Existing Boiler, Yes Location of Equip _____ If Modular, Number of Units _____
 Boiler Type: High Pressure or Low Pressure Pressure Settings of Relief Valves: _____ PSIG
 Steam or Hot Water Fuel Used: Oil or Gas or Electric

Boiler Manufacturer	Model Number	UL / CSA / ETL / Other Number	Qty. Boilers	Input Capacity (btu/hr)

5 Plan Requirements for Fuel Burning Equipment & Fuel Oil Storage *Plans required if any of the below are checked.*

- Capacity of Equipment exceeds 350,000 BTU Tanks are in a building adjacent to the line of a subway
- Capacity of each of the oil storage tanks exceeds 330 gallons Fuel Burning/Tanks are located above the lowest story of a building
- Tanks are buried or vaulted or enclosed

6 Burner Specifications If Existing Burner, Yes

Burner Manufacturer	Model Number	UL / CSA / ETL / Other Number	BTU#/GPH Rate of Burner MBTU or GPH

7 Fuel Storage Specifications

	Tank 1	Tank 2	Tank 3	Tank 4
Grade of Oil: Bio or 2 or 4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4
Capacity (gal.):				
Location				
If Existing, indicate FDNY Permit #				

Instructions: Check Bio if the oil blend contains greater than 20% bio fuel.

8 Chimney Information

Masonry Chimney Statement: I attest that I have inspected the chimney at the location listed in Section 2 herein, and I find the chimney to be in good condition and furthermore (check only one)
 the chimney does not require lining; OR
 the chimney is lined with (fill in) _____, and such lining is in good condition.

License Number: _____ (check one) Design Professional
 Full Name _____ Licensed Installer
 Signature _____ Special Inspector

9 Registered Architect or Professional Engineer Seal and Affirmation

Full Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 E-Mail: _____
 Telephone: _____
 Fax: _____
 License No. _____
 Type: Professional Engineer Registered Architect

The installation described above, complies with the efficiency/test procedures and the sizing requirements in the NYCECC.
 I affirm that the above information is correct and complete to the best of my knowledge. I understand that falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Signature _____ Date _____

P.E. / R.A. Seal (apply seal, then sign and date over seal)

10 Oil Burner Installer/Master Plumber This section required after work is completed

Full Name: _____
 Address: _____
 City: _____ State _____ Zip _____
 E-Mail: _____
 Telephone: _____
 Fax: _____
 License No. _____
 Type: Oil Burner Installer Master Plumber
 Signature _____ Date _____

Verified Statement of Readiness: This statement is hereby affirmed under the installer's professional seal as proof that the conditions as stated have been met prior to requesting an appointment. Failed tests resulting from false or incorrect statements of readiness may result in referrals for disciplinary investigation.

I hereby affirm the device installed matches the device described in this application.

I further affirm that I have inspected the device and the positioning of the device within the premises, and I confirm that the installation is in conformance with New York State and City Code, Rules, and Regulations requirements and the ASME standards.

No boiler is to be placed in operation until a certification is issued by a Department of Buildings boiler inspector.

A satisfactory inspection by the department shall not be construed to be an approval by the department of a violation of the provisions of NYC Admin Code or of any other provision of law.

Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both.

The owner of a boiler that is removed or discontinued from use shall file a written notice of such removal or discontinuance with the Commissioner within 30 days of the date of the removal or discontinuance as per NYC Administrative Code §28-303.9. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Oil Burner Installer / Master Plumber Seal (apply seal, then sign and date over seal)

Department of Buildings Sign Off For internal use only.

I hereby certify that the work indicated above has been completed in conformance to the Codes, Rules, and Regulations enforced by the New York City Department of Buildings.

Inspector's Full Name (please print): _____

Examined and Recommended for Approval on: _____ Month _____ Day _____ Year _____

Inspector's Signature: _____ Date: _____

Department of Buildings Boiler No(s). _____