



BPV - 030B

COMMONWEALTH of MASSACHUSETTS
DEPARTMENT of FIRE SERVICES

APPLICATION FOR BOILER PERMIT/INSTALLATION INSPECTION

Department of Fire Services, Boiler & Pressure Vessel Inspection Program, 1 State Road, Stow, MA 01775-1025



YOUR PROJECT NUMBER OR IDENTIFICATION NUMBER:
NUMBER OF BOILERS TO BE INSTALLED:
ESTIMATED INSTALLATION START DATE: ESTIMATED COMPLETION DATE:
HOW WOULD YOU PREFER TO RECEIVE YOUR PERMIT APPROVAL NOTICE: EMAIL MAIL FAX:
BOILER LOCATION INFORMATION
LOCATION NAME EMAIL ADDRESS
LOCATION ADDRESS CITY STATE ZIP COUNTY
OWNER NAME PHONE NUMBER FAX NUMBER
IS THIS BUSINESS COVERED BY AN INSURANCE INSPECTOR? YES NO UNK
INSURERS NAME
TYPE OF BUSINESS
PRIMARY CONTACT INFORMATION
NAME EMAIL ADDRESS
ADDRESS CITY STATE ZIP
TITLE PHONE NUMBER FAX NUMBER
BILLING CONTACT INFORMATION
NAME EMAIL ADDRESS
ADDRESS CITY STATE ZIP
TITLE PHONE NUMBER FAX NUMBER
INSTALLER INFORMATION
NAME EMAIL ADDRESS
ADDRESS CITY STATE ZIP
PIPEFITTING LICENSE NUMBER/EXP. DATE (For Installation of Boilers Over 700,000 BTU) PHONE NUMBER FAX NUMBER

PERMIT / INSPECTION FEES (Check One)
BOILER - CAST IRON SECTIONAL \$50.00
BOILER - Other than Cast Iron Construction \$100.00

Please complete a separate Attachment A for each boiler. Mail completed application(s) with fee payment (check or money order payable to the Comm. of Massachusetts) and any additional documentation to:
Boiler & Pressure Vessel Permits
P.O. Box 411757
Boston, MA 02241-1757
NOTE: An invoice for the associated Certificate Fee (\$50 each) will be sent once the inspection has been completed

Attachment A, BPV-030B

(Please complete a separate Attachment A for each boiler to be installed.)

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|------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|----------------------------|----------------------------|----------------------------|
| BOILER INSTALLATION TYPE: (Check One) | | | | | | |
| New Boiler Installation <input type="checkbox"/> | Used Boiler Installation <input type="checkbox"/> | Portable Boiler Installation <input type="checkbox"/> | | | | |
| BOILER MANUFACTURER: | | | | | | |
| Manufacturer: | Year Built: | MAWP: | National Board Number: | | | |
| BOILER CATEGORY: (Check One) | | | | | | |
| High-Pressure Steam > 15 psi <input type="checkbox"/> | Low Pressure Hot Water <160 psi <input type="checkbox"/> | High Pressure / High Temperature Hot Water <input type="checkbox"/> | | | | |
| Low Pressure Steam < 15 psi <input type="checkbox"/> | Potable Hot Water Heater <input type="checkbox"/> | Pool Heater <input type="checkbox"/> | | | | |
| BOILER USE: (Check One) | | | | | | |
| Steam Heating <input type="checkbox"/> | Steam Power <input type="checkbox"/> | Process <input type="checkbox"/> | | | | |
| Hot Water Heating <input type="checkbox"/> | Hot Water Supply <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| ASME CERTIFICATE MARK: (Check One) | | | | | | |
| A <input type="checkbox"/> | S <input type="checkbox"/> | H <input type="checkbox"/> | HLW <input type="checkbox"/> | M <input type="checkbox"/> | E <input type="checkbox"/> | U <input type="checkbox"/> |
| FUEL TYPE: (Check All That Apply) | | | | | | |
| Gas - Natural <input type="checkbox"/> | Fuel Oil <input type="checkbox"/> | Waste <input type="checkbox"/> | | | | |
| Gas - LP <input type="checkbox"/> | Electric <input type="checkbox"/> | Other <input type="checkbox"/> | | | | |
| BOILER MAXIMUM OUTPUT: | | | | | | |
| BTUs / Hour: | Lbs. Steam / Hour: | Horse Power: | | | | |
| CONTROLS AND SAFETY DEVICES: (Check One) | | | | | | |
| ASME CSD-1, CG-500, or Equivalent Start-up Report | Attached <input type="checkbox"/> | Supplied at Time of Inspection <input type="checkbox"/> | | | | |
| MANUFACTURERS DATA REPORT: (Check One) | | | | | | |
| Manufacturers Data Report | Attached <input type="checkbox"/> | Supplied at Time of Inspection <input type="checkbox"/> | | | | |
| EMERGENCY REMOTE SHUTDOWN: (Check All That Apply) | | | | | | |
| Emergency Remote Shutdown Switch(s) Installed <input type="checkbox"/> | Power Disconnect (Lockout) Installed <input type="checkbox"/> | | | | | |
| COMMENTS: | | | | | | |
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| FOR OFFICIAL USE ONLY: | | | | | | |
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