



THE CITY OF NEW YORK
DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Bureau of Environmental Compliance
 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373
 Records Control (718) 595-3855

Michael Gilsenan
 Assistant Commissioner
 Environmental Compliance

FOSSIL FUELS COMBUSTION EQUIPMENT APPLICATION
FORM APC5-0

For Permit to Construct & Certificate to Operate

APPLICATION ID:
DATE:

1A. FACILITY NAME (IF ANY):					1B. FACILITY*: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		
1C. FACILITY LOCATION (NUMBER AND STREET ADDRESS)*:					1D. BOROUGH*:		1E. STATE*:
1F. BLOCK:	1G. LOT:	1H. ZIP*:	1I. BUILDING SECTION OR NUMBER:	1J. EQUIPMENT LOCATION*:	1K. No. OF FLOORS*:	1L. No. OF APTS.:	1M. No. OF ROOMS:
1N. BUILDING TOTAL SQUARE FOOTAGE:		1O. IS THIS EQUIPMENT A REPLACEMENT FOR EQUIPMENT PRESENTLY CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			1P. IF YES, PROVIDE THE INSTALLATION NUMBER OF THE EQUIPMENT IT IS REPLACING: CA / CB: _____		

2A. OWNER'S NAME*:				2I. FACILITY CLASSIFICATION*:			
2B. NUMBER & STREET ADDRESS*:		2C. TOWN / BOROUGH*:	2D. STATE*:	2E. ZIP*:		<input type="checkbox"/> A. COMMERCIAL <input type="checkbox"/> B. INDUSTRIAL <input type="checkbox"/> C. UTILITY <input type="checkbox"/> D. SCHOOL <input type="checkbox"/> E. HOSPITAL <input type="checkbox"/> F. RESIDENTIAL <input type="checkbox"/> G. NYCHA <input type="checkbox"/> H. DEPARTMENT OF EDUCATION <input type="checkbox"/> I. NYC HOSPITAL <input type="checkbox"/> J. OTHER	
2F. EMAIL ADDRESS:		2G. TELEPHONE*:		2H. FAX:			

3A. NAME OF P.E. OR R.A.*:		3B. N.Y.S. P.E. OR R.A. LICENSE No.*:		3C. EMAIL ADDRESS*:		3D. TELEPHONE*:	3E. FAX:
3F. COMPANY NAME:			3G. NUMBER AND STREET ADDRESS*:		3H. TOWN OR BOROUGH*:	3I. STATE*:	3J. ZIP*:
3K. NAME OF INSTALLER*		3L. NYC INSTALLER OR PLUMBER LICENSE No.*:		3M. EMAIL ADDRESS*:		3N. TELEPHONE*:	3O. FAX:
3P. COMPANY NAME:			3Q. NUMBER AND STREET ADDRESS*:		3R. TOWN OR BOROUGH*:	3S. STATE*:	3T. ZIP*:

FEE EXEMPTION
(IF APPLYING FOR FEE EXEMPTION, ATTACH DEPARTMENT OF FINANCE DOCUMENT ALONG WITH THIS FORM)

4A. IS TAX EXEMPT PROPERTY** <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. IS GOVERNMENT OWNED PROPERTY** <input type="checkbox"/> YES <input type="checkbox"/> NO	4C. AGENCY NAME
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ALL PERTINENT DETAILS CONCERNING THE FOLLOWING ITEMS AS WELL AS ANY OTHER INFORMATION NOT CONTAINED HEREIN BUT REQUIRED IN THE ENGINEERING CRITERIA FOR FUEL BURNING EQUIPMENT EFFECTIVE JULY 1, 1973 MUST BE INDICATED ON THE PLANS OR SUBMITTED AS SUPPLEMENTAL DATA

CHIMNEY INFORMATION

5B. CHIMNEY* <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		5C. TYPE OF CHIMNEY* <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		5D. CHIMNEY HT (FT)*	5E. CHIMNEY INSIDE DIMEN. AT OUTLET (IN)*	5F. RADIAL DISTANCE ABOVE(FT)*	5G. RADIAL DISTANCE BELOW(FT)*	5H. RAIN CAP OR COVER* <input type="checkbox"/> YES <input type="checkbox"/> NO
5I. EXIT VELOCITY (FT/SEC)*	5J. EXIT FLOW RATE (SCFM)*	6A. INDUCED DRAFT FAN* <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING			6B. MANUFACTURER		6C. MODEL NUMBER	6D. CAPACITY (SCFM):

EMISSION MONITOR

7A. CONTINUOUS OPACITY MONITOR MONITOR MAKE: _____ MODEL No.: _____		7B. CONTINUOUS NOx MONITOR MONITOR MAKE: _____ MODEL No.: _____		7C. CONTINUOUS SOx MONITOR MONITOR MAKE: _____ MODEL No.: _____	
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BOILER							
IS THE BOILER ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO							
8A. BOILER MAKE		8C. TOTAL HEAT INPUT RATING (MILLION BTU/HR)	8D. NUMBER OF IDENTICAL BOILERS APPLIED FOR	8E. BOILER <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	8F. BOILER CATEGORY <input type="checkbox"/> PACKAGE BOILER <input type="checkbox"/> BUILT UP BOILER <input type="checkbox"/> STEEL OIL-FIRED BOILER ASSEMBLY <input type="checkbox"/> SCOTCH MARINE BOILER <input type="checkbox"/> CAST IRON OIL-FIRED BOILER ASSEMBLY		
8B. BOILER MODEL							
8G. TYPE OF BOILER: <input type="checkbox"/> STEEL <input type="checkbox"/> CAST IRON <input type="checkbox"/> STEAM <input type="checkbox"/> HOT H ₂ O		8H. HEATING SURFACE (FIRESIDE) in SQ. FT.	8I. GROSS OUTPUT MILLION BTU / HR.	8J. GROSS FIRING RATE (Gallons/Hr. or Cubic Ft/Hr)	8K. ADDITIONAL COMBUSTION EQUIPMENT ON CHIMNEY OR IN BOILER ROOM: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, COMPLETE DETAILS MUST BE SHOWN ON PLANS)</small>	8L. AUTOMATIC PRESSURE DEVICE TO MAINTAIN BOILER STEAM* PRESSURE@ _____ PSIG (MINIMUM) MFR: _____ CAT. No.: _____	
8M. AUTOMATIC TEMPERATURE DEVICE TO MAINTAIN BOILER TEMP* PRESSURE@ _____ F (MINIMUM) MFR: _____ CAT. No.: _____			8N. LEAD LAG SYSTEM: <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If you select NO, please ensure that boilers are interlocked)</small>		8O. LEAD LAG SYSTEM MAKE: _____ MODEL: _____		
8P. TYPE OF LOAD ON BOILER: <input type="checkbox"/> SPACE HEATING <input type="checkbox"/> DOM. HOT H ₂ O <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> PROCESS				8Q. IS IT A CONDENSING BOILER? <input type="checkbox"/> YES <input type="checkbox"/> NO		8R. IS THE BOILER PART OF COGENERATION UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

BURNER									
<small>(BURNER PERMANENTLY LIMITED AT MAXIMUM FUEL DELIVERY RATE AS PER PLAN NOTE)</small>									
IS THE BURNER ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES / <input type="checkbox"/> NO									
IS THE BOILER/BURNER ASSEMBLY ACCEPTED? <input type="checkbox"/> YES / <input type="checkbox"/> NO									
9A. BURNER MAKE		9C. NUMBER OF BURNERS:	9E. BURNER TYPE OIL-ATOMIZERS <input type="checkbox"/> Pressure atomized burners <input type="checkbox"/> Steam atomized burner <input type="checkbox"/> Air atomized burners <input type="checkbox"/> Rotary cup burners <input type="checkbox"/> Sonic atomizers <input type="checkbox"/> Other oil atomization burners			NATURAL GAS <input type="checkbox"/> Atmospheric gas burner <input type="checkbox"/> Natural draft powers gas burner <input type="checkbox"/> Forced draft power gas burner <input type="checkbox"/> Other natural gas types		9F. UNIT HEAT INPUT (MILLION BTU/HR)	
9B. BURNER MODEL NUMBER		9D. BURNER: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING						9G. MAXIMUM FUEL DELIVERY RATE <input type="checkbox"/> GPH <input type="checkbox"/> CFH	
10A. PRIMARY FUEL TYPE <input type="checkbox"/> No.2 FUEL OIL <input type="checkbox"/> No.4 FUEL OIL <input type="checkbox"/> No.6 FUEL OIL <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER: _____						10B. HOURS/DAY	10C. DAYS/YEAR	10D. MAX. QTY/HOUR	10E. QTY/YEAR
11A. SECONDARY FUEL TYPE <input type="checkbox"/> No.2 FUEL OIL <input type="checkbox"/> No.4 FUEL OIL <input type="checkbox"/> No.6 FUEL OIL <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER: _____						11B. HOURS/DAY	11C. DAYS/YEAR	11D. MAX. QTY/HOUR	11E. QTY/YEAR
12. BURNER LIMITATION DETAILS:									

COMBUSTION CONTROLLER			
<small>(REFER APC 5-0 INSTRUCTION SHEET BEFORE ENTERING DETAILS)</small>			
IS THE MODULATING MOTOR ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A			
IS THE FIRING RATE CONTROL ACCEPTED? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A			
13A. COMBUSTION CONTROL TYPE*: <input type="checkbox"/> 1. ON-OFF <input type="checkbox"/> 2. LOW-HIGH-OFF WITH LOW FIRE START <input type="checkbox"/> 3. LOW-HIGH-OFF WITH PROVEN LOW FIRE START <input type="checkbox"/> 4. FULL MODULATION WITH PROVEN LOW FIRE START			
13B. HIGH / LOW MODULATING MOTOR <small>(Provide information for type 2,3 &4)</small>		13E. FIRING RATE CONTROL <small>(Provide information for type 3 &4)</small>	
13C. MODULATING MOTOR MAKE:		13F. FIRING RATE CONTROL MAKE:	
13D. MODULATING MOTOR MODEL No.:		13G. FIRING RATE CONTROL CAT. No.:	

OIL HANDLING				
14A. No. OF PRIMARY OIL HEATERS	14B. MFR.:	14C. CAT. No.:	14D. <input type="checkbox"/> STEAM <input type="checkbox"/> HOT H ₂ O <input type="checkbox"/> ELECTRIC	
14E. CIRCULATION <i>(Provide information if steam selected in 14D.)</i> <input type="checkbox"/> FORCED <input type="checkbox"/> GRAVITY	14F. NON-CONTAMINATING <i>(Provide information if steam & Hot H₂O selected in 14D)</i> <input type="checkbox"/> YES	14G. BLOWDOWN & THROTTLING VALVES <i>(Provide information if steam & Hot H₂O selected in 14D)</i> <input type="checkbox"/> YES	14H. No. OF AUXILIARY (ELECTRIC) HEATER[S]	14I. CAPACITY (EA) WATTS
14J. CAPACITY _____ GPH PER _____ °F OIL TEMP RISE @ _____ LBS STEAM _____ °F H ₂ O _____ WATTS				
14K. ELECTRIC HEATER(S) UNDER CONSTANT TEMPERATURE CONTROL <input type="checkbox"/> YES	14L. OIL STATS AS PER PLAN DETAILS <input type="checkbox"/> YES	14M. COLD OIL INTERLOCK <input type="checkbox"/> YES	14N. TEMPERATURE GAUGES AS PER PLAN DETAILS <input type="checkbox"/> YES	14O. ALL OIL PIPE LINES ADEQUATELY INSULATED <input type="checkbox"/> YES

AIR / GAS HANDLING						
IS THE POWER OPERATED DRAFT REGULATOR ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A						
IS THE SMOKE ALARM ACCEPTED? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A						
15A. INTAKE VENTILATION FAN(S)* <input type="checkbox"/> YES <input type="checkbox"/> NO	15E. EXHAUST FAN(S) IN BOILER ROOM*: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOUVER				
15B. MAKE:	15F. MAKE:	15I. OPENING* <input type="checkbox"/> YES <input type="checkbox"/> NO	15J. IS IT* <input type="checkbox"/> FIXED <input type="checkbox"/> MOTORIZED	15K. GROSS AREA (SQ. IN.)*	15N. VENTILATION DUCT* <input type="checkbox"/> YES / <input type="checkbox"/> NO <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	
15C. MODEL No.:	15G. MODEL No.:			15L. EFFICIENCY%*		
15D. CAPACITY:	15H. CAPACITY:			15M. NET AREA (SQ. IN.)*		
16A. BAROMETRIC DAMPER* <input type="checkbox"/> YES <input type="checkbox"/> NO	16B. NOMINAL SIZE (IN.)*	16D. POWER OPERATED DRAFT REGULATOR WITH LOW DRAFT CUTOFF* <input type="checkbox"/> YES <input type="checkbox"/> NO	17A. DO YOU HAVE SMOKE ALARM WITH COMBUSTION SHUTOFF & AUDIO-VISUAL ALARMS?*	17B. SMOKE ALARM MFR*: _____ _____		
16C. NOMINAL AREA (SQ. IN.)	16E. MFR.:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	16F. CAT. No.:					

EMISSION CONTROL					
18A. CONTROL EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	18B. TYPE OF POLLUTANT CONTROLLED <input type="checkbox"/> NO _x <input type="checkbox"/> CO <input type="checkbox"/> PM	18C. TYPE OF CONTROL	18D. % REMOVAL		
CONTAMINANT		EMISSIONS (LB/MILLION BTU)		19C. HOURLY EMISSIONS (LBS/HR)	19D. ANNUAL EMISSIONS (LBS/YEAR)
NAME	CAS NUMBER	19A. ACTUAL	19B. HOW DETERMINED		
TOTAL PARTICULATES	NY079-00-0				
NITROGEN OXIDES	10102-44-0				
CARBON MONOXIDE	00630-08-0				

ADDITIONAL COMBUSTION EQUIPMENT IN FACILITY				
INSTALLATION No.	DESCRIPTION	MANUFACTURER	MODEL	INPUT BTU/HR.

SIGNATURE INFORMATION

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 and/or apparatus concerned will be installed, altered and operated in accordance with the requirements of the NYC Air Pollution Control Code. I hereby authorize the P.E. / R.A. named herein to file this application on my behalf. I hereby acknowledge that false statements are punishable as a class A misdemeanor pursuant to sec. 24-190 of the NYC air pollution control code and sec. 210-45 of the penal law. All equipment and apparatus in addition to complying with the NYC DEP Bureau of Environmental Compliance shall also meet the requirements of other federal, state and local agencies including but not limited to the Federal Government EPA, NYS Dept. of Environmental Conservation, NYS Department of Labor Board of Standards and Appeals, Fire Department of NY, and NYC Department of Buildings. This project meets all applicable Safety Standards. DEP reserves the right to revoke this permit for cause. I understand that there may be audit inspections of this facility by DEP to verify the equipment in this application.

OWNER OR OFFICER'S NAME & TITLE	TELEPHONE
OWNER OR OFFICER'S SIGNATURE	DATE

I hereby certify to the best of my knowledge and belief to the accuracy of the technical information contained in this application, plans and any supplementary data submitted. I hereby certify that the information provided on this form is true to the best of my knowledge and belief, and that the equipment and/or apparatus concerned will be designed and installed in accordance with the requirements of the NYC Air Pollution Control Code and DEP Engineering Criteria including but not limited to the following technical specifications:

Please make sure that you check each box below:-

- Boiler/burner will be designed to meet the emissions criteria of the fuel burning criteria with a stack loss of no more than 20%.
- The chimney is equipped with cleanout chamber.
- Louvered opening in a wall to the outside air will have a net free area of 86 square inches per one million BTU per hour based on the burner oil delivery rate and in no case less than the average internal cross sectional area of the chimney. The net free area of the louver shall be increased in size equivalent to the opening of a barometric damper or dampers.
- The burner will be electrically interlocked with any motorized louver(s), motorized damper(s), mechanical ventilation fans(s), induced draft fan(s) & forced draft fan(s)
- The burner will be designed with an automatic pre purge & post purge operation.
- Access ports will be provided in the breeching and any ventilation ducts.

PLACE SEAL ABOVE

NAME OF NEW YORK STATE P.E. OR R.A. AND LICENSE NUMBER

SIGNATURE OF NEW YORK STATE P.E. OR R.A.

DATE

WORK PERMIT will not be issued unless:

(A) Installer is named and (B) Workmen's compensation and disability are on file with BEC.

Final approval of the installation in the form of a **CERTIFICATE OF OPERATION** will not be issued until compliance with all applicable provisions of law, rules and regulations of the NYC Air Pollution Control Code have been verified at the installation site by a representative of the department.

COMPANY NAME OF THE INSTALLER

COMPANY ADDRESS

TOWN OR BOROUGH

STATE

ZIP

(This application is complete and accurate) I hereby certify that upon approval of this application, plans and any supplementary data I will make the installation of and adjustment to the equipment and/or apparatus described herein.

INSTALLER'S NAME:

NYC OIL BURNER LICENSE No.:

CLASS:

INSTALLER'S SIGNATURE:

EMAIL ADDRESS (MANDATORY):

DATE:

(This application is complete and accurate) I hereby certify that upon approval of this application, plans and any supplementary data I will make the installation of and adjustment to the equipment and/or apparatus described herein.

NYC LICENSED PLUMBER'S NAME:

NYC LICENSED PLUMBER No.:

NYC LICENSED PLUMBER'S SIGNATURE:

EMAIL ADDRESS (MANDATORY):

DATE: