




DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES
60 HUDSON STREET, NEW YORK, N.Y. 10013-3394

JOEL A. MIELE, Sr., P.E., Commissioner
(212) 312-8100

Issuance #487

OPERATIONS
POLICY & PROCEDURE NOTICE # 12/95

TO: Distribution
FROM: Richard Visconti, R.A. 
DATE: October 4, 1995
SUBJECT: Certification of removed boiler and existing boiler.

PURPOSE: To establish a procedure to allow qualified boiler inspectors to certify that a boiler has been removed or to certify the number of existing boilers at a premise.

SPECIFICS: The Department will accept an affidavit by a qualified boiler inspector certifying the removal of a boiler or the number of active boilers at a premise. The enclosed copy of the affidavit must be completed and submitted by the inspector.

The following New York City licensed inspectors who are qualified to perform the inspections are:

1. High Pressure Boiler Operators
2. Oil Burner Equipment Installers
3. New York City Authorized Insurance Companies
4. Licensed Master Plumbers

Spot-check inspections will be performed by the Boiler Division for verification. If upon the spot-check inspection, the Department discovers a discrepancy in the number of boilers reported on the affidavit and the number of boilers witnessed, then the Department will issue a violation to the building owner and refer the report to the Investigations, Audits and Discipline Unit (IAD).



**SELF-CERTIFICATION OF REMOVED OR
EXISTING BOILER**

For Office Use Only

1. Premise Address				
Borough	Block	Lot(s)	Apt / Condo No(s).	
House No(s).	Street Name		Floor(s)	
Special Place Name		AKA Address		
2. Building Occupancy				
<input type="checkbox"/> Multiple Dwelling	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mixed-Use	Total Number of Units (residential or commercial):	
3. Authorized New York City Boiler Inspector				
Name		License No.		
Address		City	State	Zip
Contact Person		Business Phone ()		
<input type="checkbox"/>	Oil Burner Equipment Installer			
<input type="checkbox"/>	Master Plumber			
<input type="checkbox"/>	High Pressure Boiler Operator			
4. Boiler Insurance Company				
(Fill out this section only if an insurance company performed the inspection.)				
Insurance Company				
Address		City	State	Zip
Contact Person		Business Phone ()		
Name of Policy Holder				
Address		City	State	Zip
Certificate / Policy No.		Expiration Date		
5. Inspector's / Boiler Insurance Company's Statement				
A. I attest that the following boiler number(s) is(are) the only existing boiler(s) at this premise. Please correct your records.				
Existing boiler and serial number(s)		Date observed :		
Total number of existing boilers :				
(Fill out the following section if boilers were removed.)				
B. I attest that the following boiler number(s) was(were) removed from the premise. Please void the boiler number(s) from your records.				
Removed boiler and serial number(s)		Date removed :		
Total number of boilers removed :				
I understand that the falsification of any statement is a misdemeanor under Section 26-124 of the Administrative code punishable by a fine or imprisonment or both and may result in the removal from participation in the self-certification program and/or disciplinary action by the Investigations, Audits and Discipline Unit (IAD).				
Licensed Inspector's Name or the Insurance Company's Authorized Representative's or Officer's Name :				
Signature		Date		
Inspector's Seal (Only for Master Plumber)		Office Use Only - Double Check		
		Inspector's Name		
		Signature	Date	
		Badge No.		
		Status		
Mail to : N.Y.C. Department of Buildings, Boiler Division, 60 Hudson Street, 14th Floor, New York, New York 10013.				