RESCINDED BY BUILDINGS BULLETIN 2024-006

JAN 2 4 1996



DEPARTMENT OF BUILDINGS

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

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

Richard C. Visconti, R.A. First Deputy Commissioner Technical Affairs/Operations (212) 312-8120

OPERATIONS POLICY & PROCEDURE NOTICE #16/95

TO:

Distribution

FROM:

Richard Visconti, R.A.

DATE:

December 21, 1995

SUBJECT:

Certification of Removed Boiler and Existing Boiler.

SUPERSEDES: OPPN #12/95.

PURPOSE:

To establish a procedure to allow qualified boiler inspectors, professional engineers, or registered architects to certify that a boiler has been removed or disconnected or to certify the number of existing boilers at a premise.

SPECIFICS: The Department will accept an affidavit from the qualified boiler inspectors listed below certifying a removed or disconnected boiler or the number of active boilers at a premise. The enclosed copy of the affidavit, Form OP-49 (Self-Certification of Removed or Existing Boiler), must be completed and submitted by the inspector, engineer, or architect.

The following individuals are qualified to complete the affidavit:

- 1. New York City Licensed Master Plumbers
- 2. New York City Licensed High Pressure Boiler Operators
- 3. New York City Licensed Oil Burner Equipment Installers
- 4. New York State Authorized Insurance Companies
- 5. New York State Licensed Professional Engineer
- 6. New York State Registered Architect

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) with respect to the veracity of the affidavit.

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SELF-CERTIFICATION OF REMOVED OR EXISTING BOILER

This form must be filed within thirty (30) days after the boiler is removed or disconnected.

For Office Use Only

r 				
1. Premise Address				
	Block	Lot(s)	Apt / Cond	
	Street Name			Floor(s)
Special Place Name		AKA Address		
2. Building Occupancy				
Multiple Dwelling Commercial Mixed-Use Total Number of Units (residential or commercial):				
3. Authorized Boiler Inspector or New York State Professional Engineer or Registered Architect				
Name License No.				
Address		City	State	Zip
Contact Person	Business Phone ()		
Oil Burner Equipment Installer		New York State Licensed Professional Engineer		
Master Plumber		New York State Registered Architect		
High Pressure Boiler Operator		Authorized Insurance Company		
4. Boiler Insurance Company				
(Fill out this section only if an insurance of	company per	formed the inspect	ion.)	
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.		Date above	A	
Existing boiler and serial number(s):		Date observe	u:	
Taka) averabas of aviation bailtans.				
Total number of existing boilers:				
Check here if the boilers listed in Part 5A heat individual residential units and are each 100,000 BTU or less.				
(Fill out the following section if boilers were removed or disconnected.)				
B. I attest that the following boiler number(s) was(were) removed or disconnected from the premise. Please void the				
boiler number(s) from your records.				
Removed or disconnected boiler and serial number(s): Date observed:				
Total number of boilers removed or disconnected :				
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 Department of Buildings.				
Licensed Inspector's, Engineer's, or Architect's Name or the Insurance Company's Authorized Representative's or				
Officer's Name (Print):				
Signature		Date		
Master Plumber's, Oil Burner Installer's, Engineer's, or Art	chitect's Seal	Office Use Only	- Double Check	
1		inspector's Name		
1		Signature		Date
1		Badge No.		
		Status		
Mail to: N.Y.C. Department of Buildings, Boil	er Division	SO H. son Street.	14th Floor, New York.	New York 10013.