

### THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Environmental Compliance 59-17 Junction Boulevard, 9<sup>th</sup> Floor, Flushing, New York 11373 Records Control (718) 595-3855

### Boiler Registration II (>= 2.8 to <4.2 Million BTU/Hr.)

- Login to DEP online CATS: www.nyc.gov/dep/cats
- Select the top middle button "Boiler Registrations II"
- You will be directed to the "My Requests" menu tab

#### For Registration of New Boiler/Burner:

- Click on the dropdown menu for "Select Request Type" as "New Boiler Registration II".
- Click the "Create" button.
- Complete the information in each field. Mandatory fields on the request form are marked with an asterisk. (i.e., Owner's Email Address).
- Review all the information.
- Under "Fee Information": Select "Yes" or "No" for both "Is it a government owned property?" and "Fee Waiver" status.
  - If you've selected "Yes", select the government agency and provide proof. Upload document(s) from the "My Requests" tab.
- Once completed, click both the "Certification Checkbox" and the "Save" or "Save & Submit" button.

### For Inspection Request Original and Renewal: (Submit within 180 days of the expiration date)

Inspection request Original is required to obtain Boiler Registration II

- Click on the dropdown menu for "Select Request Type" as "Registration Original Inspection" if this is the first inspection as a registration or select "Registration Renewal Inspection" if this unit was previously inspected. (Note: Original can only be done by Professionals who have filed on the system)
- Click the "Create" button.
- Enter the application ID/Installation ID (e.g., CB001114 or CS000112 without the ending Alphabet).
- Click the "Continue" button.
- Review all the information
- Attach a completed 'Performance Test Worksheet' including a combustion analyzer printout in PDF. Form is available in 'Inspection Details' at boiler worksheet.
- Under "Fee Information: Select "Yes" or "No" for both "Is it a government owned property?" and "Fee Waiver" status.
  - If you've selected "Yes", select the government agency and provide proof. Upload document(s) from the "My Requests" tab.
- Once completed, click both the "Certification Checkbox" and the "Save" or "Save & Submit" button.

### To attach documents (PDF only), accessible from the "My Requests" menu:



- Locate the application number/request ID. Click the PDF icon to attach a file.
- Click "Add Attachment" (Only PDF files with a filename that is less than 40 characters including spaces can be uploaded.)
- Once the documents are attached, click the "My Requests" tab on top left corner.

**Submit Application and Payment,** accessible from the "My Requests" menu:

Follow steps from CATS Payment

For assistance, please call 718-595-3855 or email us at Catsfeedback@dep.nyc.gov



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For Boiler Registration II- Heat Input of 2.8 Million BTU/hr to less than 4.2 Million BTU/hr

- APC 502 Application System will generate
- Drawings/Plans (must be legible and formatted to print on 8½" X 11" or 11"x17")
  - Plot plan:
    - Cross streets,
    - North Direction,
    - Location of boiler room,
    - Block & Lot,
    - DEP permitted sites,
    - emission points,
    - actual distance from stack center to the nearest minimum sensitive receptor
    - Please note additional supporting documents such as an elevation view of the chimney stack may be requested as needed to verify below and above receptor distances.
  - Boiler room plan:
    - Location of all components,
    - Ventilation specifications
- Professional Engineer Certification for Online CATS Filing
- Licensed Oil Burner Installer and/or Licensed Master Plumber Installer Statement
- Inspection request to be submitted by LOBI/LMP or PE along with performance test data and combustion test printouts
- Compliance Certification Form
- All drawings and documents must be uploaded as PDFs (file name should not exceed 40 characters including spaces)
- Signature Page generated from APC 502 Application



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#### Online APC 5.0

▼ Premises Information *		
1A. Facility Name (If any) :	?	
1B. Facility :	○ New ○ Existing ? *	
1C. House No (Facility Location):	<b>?</b> *	
1C. Street (Facility Location):	? *	
1D. Borough :	N/A • ? *	
1E. State :	NY (?)	
1F. Block :	?	
<b>1G.</b> Lot :	?	
1H. Zip Code :	? *	
11. Building Identification Number (BIN) :	?	
11 Favinment Leasting		
13. Equipment Location :	<b>?</b> *	
1K. No. of Floors:	<u>?</u> *	
1L. No. of Apts.:	<b>?</b> *	
1M. No. of Rooms:	<b>?</b> *	
<b>1N.</b> Building Total Square Footage:	<b>?</b> ∗	
10. Is this equipment a replacement for equipment recently certified? :	○Yes ○No ?	
	?	
1P. If YES, provide the installation number of the equipment it is	? ? ? ?	
replacing (CA/CB/CW) :	?	
	<u>(?)</u>	
21. Facility Classification:	None   ✓ ? **	

▼ Owner Information *		ormation *	
	2A. Name:	ु अः	
	2B. House No.:	? **	
	2B. Street Address:	? *	
	2C. City/ Borough:	<b>?</b> **	
	2D. State:	<b>?</b> *	
	<b>2E.</b> Zip:	<b>?</b> **	
	<b>2F.</b> Email-Address:	<b>?</b> *	
	2G. Telephone:	? **	
	2H Fav:		



# THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION

Representative Information	7,000 0000
	Over Mu-O
2J. Is there a representative or agent?	
2K. Owner's Representative or Agent's Name:	?
2L. House No.:	?
2L. Street Address:	?
2M. City/ Borough:	?
2N. State:	?
<b>20.</b> Zip:	?
2P. Email-Address:	②
2Q. Telephone:	
<b>2R.</b> Fax:	?
28.164.	
▼ P.E Information	on (Optional)
3A. Name of P.E. or R.A.:	?
3B. N.Y.S. P.E. or R.A. License No.:	123456
3C. Email Address:	<b>?</b>
3D. Telephone:	<b>?</b>
3E. Fax:	?
3F. Company Name:	DEP ?
3G. House No:	?
3G. Street Address:	?
3H. City or Borough:	?
3I. State:	?
<b>3J.</b> Zip:	?
* LMP/LOBI In	formation *
3L. NYC Installer or Plumber License No.:	<b>?</b> ∗
3La. License Type:  3K. Name of Installer:	● None ○ LMP ○ LOBI *
3M. Email Address:	② 36
3N. Telephone:	② **
<b>30.</b> Fax:	2
3P. Company Name:	? se
3Q. House No:	<b>?</b> at
3Q. Street Address:	<b>?</b> 36
3R. City or Borough:	? **
<b>35.</b> State:	<b>?</b>
3T. Zip:	2 ==



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Records Control (718) 595–3855		
▼ Fee Information		
Is it a government owned property?:	○Yes ® No?	
Fee Waiver:	○Yes ® No?	
Chimney Ind	formation *	
<b>5B.</b> Chimney:	○ New ○ Existing ?	
<b>5D.</b> Height:	? *	
<b>5E.</b> Chimney inside dimension at outlet (in):	? *	
<b>5F.</b> Radial distance above (ft):	<b>?</b> *	
5G. Radial distance below (ft):	? *	
<b>5H.</b> Rain Cap/Cover:	○Yes ○No? *	
▼ Boiler Info	rmation *	
Is The Boiler On The DEP Accepted Equipment List?	○Yes ○No? *	
8A. Boiler Make:	? *	
8B. Boiler Model:	? *	
8D. Number of identical boilers applied for:	1	
8E. Boiler:	○ New ○ Existing ? *	
8I. Gross Output (Million BTU/Hr):	? as	

○Yes ○No? \*

Room: 8Q. Is it a Condensing Boiler: ○Yes ○No? \*

8J. Gross Output Firing Rate (gph/cfh):

8K. Additional Combustion Equipment On Chimney Or In Boiler



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Burner Information *		
Is The Burner On The DEP Accepted Equipment List?:	○Yes ○No? *	
9A. Burner Make:	(?) **	
<b>9B.</b> Burner Model Number:		
9C. Number Of Burners:	1	
9D. Burner:	○ New ○ Existing ? *	
9F. Unit heat input (Million Btu/Hr.):	<b>?</b> *	
10A. Fuel Type 1:	< Select Fuel Type>   ?*	
10B. Fuel Type 1 Hours/day:	<b>?</b> *	
10C. Fuel Type 1 Days/year:	<b>?</b> *	
10F. Fuel Type 1, Max Fuel Delivery Rate:	? gph/cfh *	
<b>11A.</b> Fuel Type 2:	< Select Fuel Type>	
11B. Fuel Type 2 Hours/day:	<b>?</b>	
11C. Fuel Type 2 Days/year:	?	
11F. Fuel Type 2, Max Fuel Delivery Rate:	? gph/cfh	

Air/Gas Handling & Louver Information *		
	<b>15A.</b> Intake Ventilation Fan(s):	○ Yes ○ No ? *
	<b>15B.</b> Make:	?
	15C. Model No.:	?
	15D. Capacity:	?
Louver		
	15I. Opening:	○ Yes ○ No ? *
	<b>15J.</b> Is it:	○ Fixed ○ Motorized ?
	15K. Gross Area (Sq. In.):	?
	15L. Efficiency %:	?
	15M. Net area (sq.in):	(?)



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#### **Instructions for Completing Form APC 5-02**

Cell #	Form Field Name	Help Text
1A	Facility Name (If any)	If subject premise has a name which is displayed on the store front sign or is commonly known (e.g. "ABCD" Garden Apartments) indicate such name. If no such name exists, indicate "none".
1B	Facility	Select "NEW" if equipment will be housed in a new structure. Select "EXISTING" if equipment will be housed in an existing structure.
1C	Facility Location	Complete premise address of combustion equipment being filed for.
1C	House No.	Do not insert any floor no./suite no.
1C	Street Address	Do not abbreviate street address.
1D	Borough	Select from the dropdown menu.
1E	State	Enter the State (NY).
1F	Block	Block number as seen from DOB for address entered above
1G	Lot	Lot number as seen from DOB for address entered above
1H	Zip Code	Zip code as seen from DOB for address entered above
11	Building Identification Number (BIN)	If premise identified is part of a housing or commercial complex where buildings have identifying numbers and/or letters, provide same.
<b>1</b> J	Equipment Location	Identify physical location, by floor number, of combustion equipment within premise (e.g cellar).
1K	No. of Floors	Enter number of floors in the facility location
1L	No. of Apts	Enter the number of apartments in facility location
1M	No. of Rooms	Enter number of rooms in facility location
1N	Building total square footage	Enter the total square footage of property on facility location
10	Is this equipment a replacement for equipment recently certified?	Select "YES" if equipment is a replacement for equipment that is currently certified. Select "NO" if the equipment is not a replacement.
1P	If YES, provide the installation number of the equipment it is replacing (CA/CB/CW):	If this equipment is a replacement for equipment currently certified, please provide the Installation Number of the equipment it is replacing. (Renewal of the existing Certificate of Operation (CO) is required as long as the equipment is operable. The existing CO will be cancelled once we receive a written notification within 20 days that the equipment is dismantled or rendered inoperable.)
2A	Owner's Name	Full legal name of owner of premise.
2B	Owner's Address	Owner's complete mailing address.
2B	House No.	Do not insert any floor no./suite no.
2B	Street Address	Do not abbreviate street address.
2C	Borough / City	Enter the borough or city if outside NY.
2D	State	Enter the State (NY).
		+



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Records Control (718) 595–3855
Address
Email address of owner to facilitate futu

		trol (718) 595–3855
2F	Owner's Email Address	Email address of owner to facilitate future correspondences and send out renewal reminders.
2G	Telephone	Enter the primary phone number of the Owner.
2H	Fax	Fax number of the Owner.
21	Facility Classification	Classification based on type of use. Check only one appropriate box from drop down menu.  Example: Hospital owned residence, check residential College owned dormitory, check residential College owned power plant, check utility
2J	Is there a representative or agent?	Select yes or no
2K	Owner's Representative or Agent's Name	Full legal name of representative or agent of premise.
2L	House No	Do not insert any floor no./suite no.
2M	Street Address	Do not abbreviate street address.
2N	City/ borough	Enter the borough or city if outside NY.
20	Zip	
20	Email-Address	Email address of representative or agent to facilitate future correspondences and send out renewal reminders.
2Q	Telephone	Enter the primary phone number of the representative.
2R	Fax	Fax number of the representative.
3A	Name of P.E or R.A	Full name of Professional Engineer or Registered Architect authorized to file the Boiler Application Form.
3B	NYS License Number	New York State Professional Engineer's or R. A's License Number
3C	E mail Address	P.E. or R.A email address for future correspondence.
3D	Telephone	Telephone number of the P.E or R.A.
3E	Fax	Fax number of the P.E or R.A.
3F	Company Name	Name of the company the P.E or R.A is employed with.
3G	Address	Complete business address information of the Professional Engineer or Registered Architect
3G	House No.	Do not insert any floor no./suite no.
3G	Street Address	Do not abbreviate street address.
3H	City or Borough	Enter the borough or city if outside NY.
31	State	Enter the State (NY).
3J	Zip Code	
3K	Name of Installer	If applicable, provide the full name of the installer authorized to file the Boiler Form.
3La	License Type	Choose either LMP, LOBI or None.
3L	NYC Installer License Number	New York City Oil Burner Installer License Number.
3M	Installer E mail Address	Installer email address for future correspondence.
3N	Telephone	Telephone number of the installer.
30	Fax	Fax number of the installer.
3P	Company Name	Name of the company the installer is employed with.



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3Q	Installer Address	Complete the business address information of the installer.
3Q	House No.	Do not insert any floor no./suite no.
3Q	Street Address	Do not abbreviate street address.
3R	City or Borough	Enter the borough or city if outside NY.
3S	State	Enter the State (NY).
3T	Zip Code	
4A	Is it a government owned property?	If the premise where the equipment is located is city, state or federally owned as per the Department of Finance, then select "YES".
4B	Agency Name	Select the appropriate agency name.
4C	Fee Waiver	If the fee is waived, select 'Yes'
4D	Fee Waiver Reason	Select or mention detailed fee waiver reason.
5B	Chimney (New or Existing)	Select "New" if it's a new chimney and "Existing" if it's an existing chimney.
5D	Height	The vertical distance from the centerline of the entrance of the combustion gases into the chimney to the top of the chimney in feet
5E	Chimney inside Dimension at outlet (in)	Specify inside dimension of chimney outlet in inches. The diameter must be taken as the diameter or equivalent diameter at the outlet of the chimney. The term "equivalent diameter" means the equivalent diameter of a square or rectangular section based on equal area.
5F	Radial distance above (ft)	The actual radial distance from the centerline of the chimney outlet to the nearest sensitive receptor such as openable window, occupiable terrace and ventilation intake located at a height equal to or greater than the chimney outlet in feet.
5G	Radial distance below (ft)	The actual radial distance from the centerline of the chimney outlet to the nearest sensitive receptor such as openable window, occupiable terrace and ventilation intake located at a height below chimney outlet in feet.
5H	Rain Cap/Cover (Yes or No)	Indicate 'Yes' or 'No'.
	Is this boiler on the DEP Accepted Equipment List?	Select "Yes" if the boiler is accepted. Select "No" if the boiler is not accepted. Please check to see if this boiler is on the <a href="DEP accepted list">DEP accepted list</a> and complete an equipment certification form if "No" is selected.
8A	Boiler Make	Specify the name of the manufacturer of the boiler.
8B	Boiler Model	Specify the manufacturer's complete model number of boiler.
8D	Number of Identical Boilers applied for	Submit total number of identical boilers applied for. Note that only one type and size of equipment may be included on any one application.
8E	Boiler (New or Existing)	Check "New" if this is a new boiler or it is a replacement boiler and submit draft calculations. Check "Existing" if boiler application is for a replacement burner and the boiler is remaining the same.
81	Gross Output (Million BTU/Hr.)	Provide boiler gross output in million BTU/Hour, which shall be specified by the manufacturer.
8J	Gross Output (Million BTO/Hr.)  Gross Output Firing Rate (gph/cfh)	Provide boiler gross firing rate (GFR) in gallons per hour or cubic feet per hour. For new boilers, the GFR of the boiler shall be required to produce the GFR based on the manufacturer



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1	Records Control	
		data. The GFR in gallons per hour for an existing boiler shall be determined by multiplying the gross output by 9.52*10E-6
		Check "Yes" if other combustion equipment is operated in the
		same room or is connected to the same chimney, as the filed
		equipment. Show other equipment on plans: Identify other
		boiler/ incinerator/ burner etc.; manufacturer's name and
8K		model number (s), source emission numbers, draft controls,
		firing rates, ventilation, and all pertinent details.
	Additional Combustion Equipment on Chimney	Check "No" if no other combustion equipment exists in same
	or in Boiler Room	boiler room or on same chimney.
8Q	Is it a Condensing Boiler (Yes or No)	Select "Yes" if the boiler is condensing unit and "No" if it is not.
		Select "Yes" if the burner is accepted. Select "No" if the burner
İ		is not accepted. Please check to see if this burner is on the
	Is this burner on the DEP Accepted Equipment	Department Accepted Equipment List and complete an
	List?	equipment certification form if "No" is selected.
9A	Burner Make	Specify the name of the manufacturer of the burner.
9B	Burner Model Number	Specify burner manufacturer's model number.
00		Specify the total number of the burners mounted on each
9C	Number of Burners	boiler being filed for on the same application. All burners on a
9D		single application must be identical.  Check "new" or "existing" accordingly.
9F	Burner (New or Existing)	Input per boiler.
9F	Unit Heat Input (Million BTU/Hr.)	Select the type of fuel burned or to be burned:
10A		No. 2 Fuel Oil
10/1	Fuel Type 1	Natural Gas Other
100	7,55	Average number of hours per day burner is or will be operating
10B	Fuel Type 1 Hours/Day	for fuel type 1. Should not exceed 24 hr/day.
10C		Average number of days per year burner is or will be in
100	Fuel Type 1 Days/Year	operation.
		Select GPH if fuel is oil used and CFH if its natural gas only. For
105		dual fuel installations, use the maximum fuel delivery rate of
10F	Mariana Franktura 4 Dalina a Data (CDU au	the fuel oil. The maximum fuel delivery rate to the burner
	Maximum Fuel type 1 Delivery Rate (GPH or CFH)	nozzle shall be 80 to 110% of the boiler's gross output firing rate.
		Select the type of fuel burned or to be burned:
11A	Fuel Type 2	No. 2 Fuel Oil or Natural Gas Other
445	71	Average number of hours per day burner is or will be operating
11B	Fuel Type 2 Hours/Day	for fuel type 2. Should not exceed 24 hr/day.
11C		Average number of days per year burner is or will be in
110	Fuel Type 2 Days/Year	operation.
11E		Total quantity of fuel burned per year in gallons for oil or cubic
	Fuel Type 2 Quantity/Year	feet for gas.
		Select GPH if fuel is oil used and CFH if its natural gas only. For
11F		dual fuel installations, use the maximum fuel delivery rate of the fuel oil. The maximum fuel delivery rate to the burner
111	Maximum Fuel type 2 Delivery Rate (GPH or	nozzle shall be 80 to 110% of the boiler's gross output firing
	CFH)	rate.
15A	Intake Ventilation Fan(s) (Yes or No)	Indicate "Yes" or "No".
15B	Make	If yes, please specify the manufacturer's name of the fan.
15C	Model	If yes, please specify the manufacturer's model of the fan
		1



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15D	Capacity	If yes, please specify the manufacturer's capacity of the fan in CFM
151	Opening (Yes or No)	Indicate whether an open louver will be utilized to provide combustion air.
<b>1</b> 5J	Is It (Fixed or Motorized)	Indicate whether it is open or motorized louver. Motorized louvers are required for boilers with a gross output firing rate of 7.0 million BTU/hr or greater.
15K	Gross Area (sq. in)	Specify the gross area in square inches.
15L	Efficiency%	Indicate the percent efficiency. When the actual louver efficiency is unknown, the efficiency shall be taken as 60 percent for a fixed louver and 100 percent for a motorized louver.
15 M	Net Area (sq. in)	Specify the net area in square inches. The net free area shall be 86 square inches for every one million BTU/hr based on the maximum heat input rating.