

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Boiler Work Permit Application

- Login to DEP online CATS: <u>www.nyc.gov/dep/cats</u>
- After Login, select the top right button "Boiler Work Permits, Inspection Requests (CO), and Amendments and Affidavits".
- You will be directed to the "My Requests" menu tab.

Work Permit for New Boiler/Burner

- Click on the dropdown menu for 'Select Request Type' as 'Work Permit Stationary' or 'Work Permit Mobile 'or 'Work Permit Emergency' as required.
- Click the 'Create' button.
- Enter the Application ID (e.g., CA001170 or CB000112 without the ending Alphabet) if you are applying for a Work Permit from an existing approved Emergency Boiler Work Permit and click **'Continue'.**
- To create a new Stationary Work Permit application, click "Create".
- Complete the information in each field. Mandatory fields on the request form (APC 5-0) are marked as 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 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 click the 'Save & Submit' or 'Save' 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. (Only upload pdf files with a file name that does not exceed 40 characters including spaces.)
- Once the documents are attached, click the 'My Request Page' tab on top left corner.
- The following documents are required:
 - Drawings/Plans (in PDF format) with a Plot Plan, Boiler room plan and Boiler plan
 - Equipment compliance certification (if applicable)
 - Draft calculations (for new boilers, new induced draft fan or new chimney)
 - Heat load calculations for a new building
 - Workman's Compensation Insurance document (if available)
 - Signature Page (signed and sealed by owner, P.E., and licensed installer)

Submit Application and Payment,

Follow steps from <u>CATS Payment</u>

For all technical questions email: <a>airpermit@dep.nyc.gov



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For Stationary/Mobile/Emergency Boilers- Heat Input of 4.2 Million Btu/hr or greater

Stationary/Mobile boilers - (PE/RA can file) Information and Documents needed:

- APC 5.0 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 the stack center to the nearest sensitive receptor
 - Boiler room plan –Location of all components, Ventilation specifications
 - Boiler plan All dimensions, Burner limitations
- Compliance Certification Forms for boiler, burner and/or control are required for equipment <u>not</u> on the DEP accepted equipment list.
 - To check if boiler, burner and controls are on the DEP accepted equipment list
- Draft calculations are required for new boiler, induced draft fan, or chimney.
 - ASHRAE Program generated calculations (include summary sheet and detail output printout) (Version 2009 or later); or
 - NYC DEP Stack Adequacy Forms
- Heat load calculations required for new buildings and replacement boilers with heat input (BTU) greater than 20% of the heat input of existing boiler/equipment on record
- All drawings and documents must be uploaded as PDFs (file name should not exceed 40 characters including spaces)
- Signature Page generated from APC 5.0 Application

Emergency Work Permit - (LOBI/LMP or PE/RA can file)

- Required Information:
 - Owner address and email
 - Premise address for the installation
 - Boiler Make/Model, Max Heat Input and Gross Output (Btu/hr); Fuel type
 - Application number (CA/CB/CR/CS/CW #) for the replacement boiler
- Temporary Work Permit will be issued for 30 days.
- Fees will be applied to the new Work Permit application



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THE CITY OF NEW YORK

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Online APC 5-0

| Premises In | Premises Information * | | |
|--|---|------------------|--|
| 1. Is this a legalized source? | ⊖Yes ®No | | |
| 1A. Facility Name (If any): | | ? | |
| 1B. Facility: | ○ New ○ Existing 🕐 * | | |
| 1C. House No (Facility Location): | | ? * | |
| 1C. Street (Facility Location): | | ?* | |
| 1D. Borough: | Select | ~ ? * | |
| 1E. State: | NY | ? | |
| 1F. Block: | | ? | |
| 1G. Lot: | | ? | |
| 1H. Zip: | | ?* | |
| 1I. Building Identification Number (BIN): | | ?* | |
| 1J. Equipment Location: | | ?* | |
| 1K. No. of Floors: | | ?* | |
| 1L. No. of Apts.: | | ? * | |
| 1M. No. of Rooms: | | ?* | |
| 1N. Building Total Square Footage: | | ?* | |
| 10. Is this equipment a replacement for equipment presently certified?: | ⊖Yes ◯No 🕐 | | |
| 1P. If YES provide the installation number of the equipment it is replacing: | CA/CB/CW: CA/CB/CW: CA/CB/CW: CA/CB/CW: CA/CB/CW: | ? ? ? ? | |

Owner Information

| 2A. Owner's Name: | ? | * |
|-------------------------------------|-----------------|-------|
| 2B. House No: | ? | * |
| 2B. Street Address: | ? | * |
| 2C. City or Borough: | ? | * |
| 2D. State: | NY (?) | |
| 2E. Zip: | ? | * |
| 2F. Email Address: | ? | * |
| 2G. Telephone: | ? | * |
| 2H. Fax: | ? | |
| 2I. Facility Classification: | Select Facility | • ? × |



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PE / RA Information

| 3A. Name of P.E. or R.A.: | UAT PE2.2 | D |
|--------------------------------------|-------------------|---|
| 3B. N.Y.S. P.E. or R.A. License No.: | 023231 | |
| 3C. Email Address: | pe2.2@outlook.com | |
| 3D. Telephone: | (? | * |
| 3E. Fax: | | |
| 3F. Company Name: | DEP | |
| 3G. House No: | | * |
| 3G. Street Address: | (? | * |
| 3H. City or Borough: | | * |
| 3I. State: | NY | |
| 3J. Zip: | (? | * |
| | | |

LMP/LOBI Information

| 3La. License Type: | ® None ○ LMP ○ LOBI |
|--|---------------------|
| 3L. NYC Installer or Plumber License No.: | ?* |
| 3K. Name of Installer: | ? * |
| 3M. Email Address: | ? * |
| 3N. Telephone: | ? * |
| 30. Fax: | ? |
| 3P. Company Name: | ? |
| 3Q. House No: | ? * |
| 3Q. Street Address: | ? * |
| 3R. City or Borough: | ? * |
| 3S. State: | NY (?) |
| 3T. Zip: | ? * |
| | |



DEPARTMENT OF ENVIRONMENTAL PROTECTION

| Fee Information | | | |
|--|-----------------------------------|--|--|
| Is it a government owned property?: | ○ Yes ● No? | | |
| Fee Waiver: | ○ Yes ● No? | | |
| Chimney Inf | ormation * | | |
| 5B. Chimney: | ◎ New ◎ Existing? * | | |
| 5C. Type of Chimney: | ◎ Residential ◎ Commercial?? * | | |
| 5D. Height: | ?* | | |
| 5E. Chimney inside dimension at outlet (in): | (?) * | | |
| 5F. Radial distance above (ft): | ? | | |
| 5G. Radial distance below (ft): | ? * | | |
| 5H. Rain Cap/Cover: | ○ Yes ○ No? | | |
| 5I. Exit Velocity (f/s) | ? | | |
| 5J. Exit flow rates (SCFM) | ? | | |
| 6A. Induced Draft Fan | ○ Yes ○ No?? * | | |
| | ○ New ○ Existing | | |
| 6B. Make | ? | | |
| 6C. ModelNumber | ? | | |
| 6D. Capacity | ? | | |
| | | | |

| Emission Monitor Information | | | |
|--|---|--|--|
| 7A. Continuous opacity monitor | | | |
| 7A. Monitor Make: | ? | | |
| 7A. Model No: | | | |
| 7B. Nox | | | |
| 7B. Monitor Make: | ? | | |
| 7B. Model No: | | | |
| 7C. Sox | | | |
| 7C. Monitor Make: | ? | | |
| 7C. Model No: | | | |
| | | | |



Bureau of Environmental Compliance 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373 R

| Records Control | (718 |) 595–3855 | |
|-----------------|------|------------|--|
|-----------------|------|------------|--|

| Boiler Information * | | | | | |
|---|--|--|--|--|--|
| Is The Boiler On The DEP Accepted Equipment List? | ⊙ Yes ⊙ No? | | | | |
| 8A. Boiler Make: | ?) * | | | | |
| 8B. Boiler Model: | (?) * | | | | |
| 8C. Maximum Input Rating(Million Btu/Hr): | * | | | | |
| 8D. Number of identical boilers applied for: | * | | | | |
| 8E. Boiler: | ○ New ○ Existing? * | | | | |
| 8F. Boiler Type: | Select Boiler Type * | | | | |
| 8G. Type Of Boiler: | Steel ? Cast Iron Steam Hot H20 Please select at least one Type of Boiler | | | | |
| 8H. Heating surface (Fire side) sq ft: | ? * | | | | |
| 81. Gross output (Million Btu/Hr) | ? * | | | | |
| 8J. Gross output firing rate (gph or cfh): | ? * | | | | |
| 8K. Additional Combustion Equipment On Chimney Or In Boiler Room: | ○ Yes ○ No? * | | | | |
| 8L. Automatic Pressure Device To Maintain Boiler Steam | Psig(Minimum) | | | | |
| 8L. MFR: | | | | | |
| 8L. CAT No: | | | | | |
| 8M. Automatic temperature device to maintain boiler water temp: Pressure@ | (?) °F(Minimum) | | | | |
| 8M. MFR: | | | | | |
| 8M. CAT No: | | | | | |
| 8N. Is Lead Lag System: (if you select NO, please ensure that boilers are interlocked) | © Yes ◎ No?? * | | | | |
| 80. Lead Lag System:: | | | | | |
| Make: | ? | | | | |
| Model: | | | | | |
| Other: | | | | | |
| 8P. Type Of Load On Boiler: | Space Heating ? Air Conditioning Hot Water Process Please select at least one Type of Load | | | | |
| 8Q. Is it a condensing boiler: | ○Yes ® No? | | | | |
| 8R. Is boiler part of cogeneration unit: | © Yes ◉ No? | | | | |



| Burner Information * | | | | | |
|--|---------------------------------------|--|--|--|--|
| Is The Burner On The DEP Accepted Equipment List?: | ○ Yes ○ No? * | | | | |
| 9A. Burner Make: | | | | | |
| | ?* | | | | |
| 9B. Burner Model Number: | | | | | |
| 95. Burner Model Number: | ? * | | | | |
| 9C. Number Of Burners: | 1 | | | | |
| 9D. Burner: | ○ New ○ Existing? * | | | | |
| 9E. Burner Type | | | | | |
| Oil-Atomizers | <select atomizer="" oil=""></select> | | | | |
| | | | | | |
| Natural-Gas | <select gas="" natural=""> *</select> | | | | |
| 9F. Unit heat input (Million Btu/Hr.): | ? * | | | | |
| 10A. Fuel Type 1 | < Select Fuel Type> | | | | |
| 10B. Fuel Type 1 Hours/day | ? * | | | | |
| 10C. Fuel Type 1 Days/year | * | | | | |
| 10D. Fuel Type 1 Quantity/hour (gph/cfh) | (?) gph/cfh * | | | | |
| 10E. Fuel Type 1 Quantity/year (gph/cfh) | (?) gph/cfh * | | | | |
| 10F. Fuel Type 1, Max Fuel Delivery Rate | (?) gph/cfh * | | | | |
| 11A. Fuel Type 2 | < Select Fuel Type> 🔻 🕐 | | | | |
| 11B. Fuel Type 2 Hours/day | ? | | | | |
| 11C. Fuel Type 2 Days/year | ? | | | | |
| 11D. Fuel Type 2 Quantity/hour (gph/cfh) | (?) gph/cfh | | | | |
| 11E. Fuel Type 2 Quantity/year (gph/cfh) | (?) gph/cfh | | | | |
| 11F. Fuel Type 2, Max Fuel Delivery Rate | (?) gph/cfh | | | | |
| | | | | | |
| 12. Burner Limitations | 1 | | | | |
| | (?) | | | | |
| Combustion Cont | rol Information * | | | | |
| Is The Modulating Motor On The DEP Accepted Equipment List?: | ○ Yes ○ No? | | | | |
| 13A. Combustion Controller Type | None 🔻 🕐 | | | | |
| 13B. High Low Modulation Motor | | | | | |
| 13C. Modulation Motor Make | 0 | | | | |
| 13D. Modulation Motor Model | 0 | | | | |
| 13E. Firing Rate Control | ○ Yes ○ No | | | | |
| 13F. Firing Rate Control Make | 0 | | | | |
| 13G. Firing Rate Control CAT No | 2 | | | | |



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Oil Handling Informatio

| • Oil Handling I | nformation | | |
|--|---|--|--|
| 14A. No. of Primary Oil Heaters: | (?) | | |
| 14B. MFR: | (?) | | |
| 14C. CAT No.: | ? | | |
| 14D. Type Of Media: | 🔲 Steam 🔲 Hot H20 🔲 Electric 🕐 | | |
| 14E. Circulation: (Provide information if Steam selected in 14D): | ◎ Forced ◎ Gravity 🕐 | | |
| 14F. Non-Contaminating: (Provide information if Steam & Hot H20 selected in 14D): | Ves 🕐 | | |
| 14G. Blowdown & Throttling Valves (Provide information if Steam & Hot H20 selected in 14D): | 🔲 Yes 🕐 | | |
| 14H. No. of Auxiliary (Electric) Heater(s): | ? | | |
| 14I. Capacity (EA) Watts: | ? | | |
| 14J. Capacity: | Gallons per hour (?) •F Oil Temp. Pounds of steam •F H ₂ O Watts | | |
| 14K. Electric Heater(s) under constant temperature control: | | | |
| 14L. Oil stats as per plan details: | | | |
| 14M. Cold oil interlock: | 0 | | |
| 14N. Temperature gauges as per plan details: | 0 | | |
| 140. All oil pipe lines adequately insulated: | | | |
| Air/Gas Handline | g Information * | | |
| 15A. Intake Ventilation Fan(s): | | | |
| 15B. Make: | ? | | |
| 15C. Model No.: | | | |
| 15D. Capacity: | | | |
| 15E. Exhaust Fan(s) in Boiler Room: | | | |
| 15F. Make: | | | |
| 15G. Model No.: | (?) | | |
| 15H. Capacity: | ? | | |
| | ver | | |
| | | | |
| | ○ Yes ○ No ? * | | |
| | Fixed Motorized ? | | |
| 15K. Gross Area (Sq. In.): | 0 | | |
| 15L. Efficiency %: | | | |
| 15M. Net area (sq.in): | | | |
| 15N. Ventilation Duct: | Yes ○ No ?? * New ○ Existing | | |

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|---|---|---|---|--|---|-------------------------|
| ronmental ection | | Bureau of Environment tion Boulevard, 9 th Floor, Flo Records Control (71 | al Compliance ushing, New Y | 9 | | |
| | | 16A. Barometric Damper: | 🔍 Yes 🔍 No | ? * | | |
| | | 16B. Nominal size (in): | | ? |) | |
| | | 16C. Nominal area (sq.in): | | ? |) | |
| 16D | . Power operated draf | t regulator with low draft cutoff: | O Yes O No | ? * | | |
| | | 16E. MFR: | | ? |) | |
| | | 16F. CAT No.: | | ? |) | |
| 17A. Do you | have Smoke Alarm w | ith Combustion Shutoff & Audio- Visual Alarms: | ○ Yes ○ No | ? * | | |
| | | 17B. Smoke Alarm MFR: | | ? |) | |
| | | 17C. Smoke Alarm Model #: | | ? |) | |
| • | | Emission Conti | ol Information | 1 | | |
| | | 18A. Control Equipment Status: | ○ Yes ○ No ? | | | |
| | | 18B. Pollutant Type | Nox Co | 🗆 Nox 🔲 Co 🔲 PM 🕐 | | |
| | | 18C. Type Of Control: | | ? | | |
| | | 18D. %Removal: | | ? | | |
| Col Name Total Particu Nitrogen O Carbon Mon | xides | Emissions 19A. Actual (?) 19B. How D | etermined 🕐 | 19C. Hourly Emission (Lbs/Hr) ? | s 19D. Annual Emission (Lbs/Year) ? | ns |
| • | | Additional Combustio | n Equipment in | Facility | | |
| Inst | allation No. | | anufacturer | Model | Input BTU/HR | |
| | | • | | | | |
| | | Add Equ | ipment 🕐 | | | |
| | Is the Boiler 8 | & Burner from the DEP approved list? | ○ Yes ○ No | | | |
| | | Additional Information | : | | | |
| | | | | | // | |
| State of New Yor connection with Environmental P state and local a | k and acting as a design this filing are complete rotection (NYC DEP). All gencies including but not | owner of the equipment to amend the ated agent for the applicant, I hereb and fully comply with all applicat equipment and apparatus in additio limited to the US EPA, NYS Dept. of partment of Buildings and all applicab | y certify that the a ble laws, codes, r n to complying wi Environmental Co | application, plans, and all surules, regulations, and dire rules, regulations, and dire ith the NYC DEP also meet conservation, NYS Departmen | pplementary material submitte ctives of the NYC Departmen the requirements of other fed | ed in it of eral, |
| | | e personally examined, and am famil ce of engineering. Please tick the che | | ements and information sub | nitted in this document and a | ll its |
| | | | | | | |
| Save Save & S | Submit | | | | Back | to List |

FOR GENERAL INFORMATION, QUESTIONS, AND INQUIRIES: Please visit our website at www1.nyc.gov/dep or call 311



DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Instructions for Completing Form APC 5-0

| Cell # | Form Field Name | Help Text |
|-----------|--|---|
| # 1 | Is it for legalization? | Indicate whether this is a legalized source |
| 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. |
| 1J | 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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| 2E | Zip Code | ontrol (718) 595–3855 |
|-----|------------------------------------|---|
| 2F | Owner's Email Address | Email address of owner to facilitate future correspondences |
| 21 | | 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 |
| 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 | |
| ЗК | 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. |
| 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' |



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|----------|--|--|
| 4D | Fee Waiver Reason | Select or mention detailed fee waiver reason. |
| 5B | | Select "New" if it's a new chimney and "Existing" if it's an |
| 70 | Chimney (New or Existing) | existing chimney. |
| | | Indicate 'Residential' or 'Commercial'. If there is a space heater |
| 5C | | or Domestic Hot water, select Residential. If there is a Process |
| | Type of Chimney | or Air Conditioner, select Commercial. |
| | | The vertical distance from the centerline of the entrance of the |
| 5D | | combustion gases into the chimney to the top of the chimney |
| | Height | in feet |
| | | Specify inside dimension of chimney outlet in inches. The |
| | | diameter must be taken as the diameter or equivalent |
| 5E | | diameter at the outlet of the chimney. The term "equivalent |
| | | diameter" means the equivalent diameter of a square or |
| | Chimney inside Dimension at outlet (in) | rectangular section based on equal area. |
| | | The actual radial distance from the centerline of the chimney |
| 5F | | outlet to the nearest sensitive receptor such as openable |
| | | window, occupiable terrace and ventilation intake located at a |
| | Radial distance above (ft) | height equal to or greater than the chimney outlet in feet. |
| | | The actual radial distance from the centerline of the chimney |
| 5G | | outlet to the nearest sensitive receptor such as openable |
| 50 | | window, occupiable terrace and ventilation intake located at a |
| | Radial distance below (ft) | height below chimney outlet in feet. |
| 5H | Rain Cap/Cover (Yes or No) | Indicate 'Yes' or 'No'. |
| 51 | Exit Velocity (f/s) | Chimney gas exit velocity in feet per second. |
| 5J | | Chimney gas exit flow rate in actual cubic feet per minute |
| 55 | Exit flow rates (ACFM) | (ACFM). |
| 6A | Induced Draft Fan (Yes or No) & (New or | Indicate "Yes" or "No" & "New" or "Existing" |
| ••• | Existing) | |
| 6B | No. La | Specify Induced Draft Fan's Manufacturer make. |
| | Make | Specify Induced Draft Fan's Manufacturer. |
| 6C | Model Number | specity induced Draft Part's Manufacturer. |
| 6D | Capacity | Specify Induced Draft Fan's Capacity. |
| 00 | | Specify the name of the manufacturer make of the continuous |
| 7A | Monitor Make | opacity monitor. |
| | | Specify the name of the manufacturer model number of the |
| 7A | Model No. | continuous opacity monitor. |
| <u> </u> | | Specify the name of the manufacturer make of the continuous |
| 7B | Monitor Make | NOx monitor. |
| 1 | | Specify the name of the manufacturer model number of the |
| 7B | Model No. | continuous NOx monitor. |
| 70 | | Specify the name of the manufacturer make of the continuous |
| 7C | Monitor Make | SOx monitor. |
| 70 | | Specify the name of the manufacturer model number of the |
| 7C | Model No. | continuous SOx monitor. |
| | | Select "Yes" if the boiler is accepted. Select "No" if the boiler is |
| | | not accepted. Please check to see if this boiler is on |
| | | not decepted i lease check to see il this bolier is on |
| | Is this boiler on the DEP Accepted Equipment | the <u>DEP accepted list</u> and complete an equipment certification |



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| 8A | Records Control | (718) 595–3855 Specify the name of the manufacturer of the boiler. |
|----|--|---|
| 8B | Boiler Model | Specify the manufacturer's complete model number of boiler. |
| 00 | | If application is for new and/or modified installation specify in |
| 8C | | million BTU/hr, the total maximum operating heat input of all |
| | Maximum Input Rating (Million BTU/Hr.) | units on this application. |
| | | Submit total number of identical boilers applied for. Note that |
| 8D | | only one type and size of equipment may be included on any |
| | Number of Identical Boilers applied for | one application. |
| | | Check "New" if this is a new boiler or it is a replacement boiler |
| 8E | | and submit draft calculations. Check "Existing" if boiler |
| | | application is for a replacement burner and the boiler is |
| | Boiler (New or Existing) | remaining the same. |
| | | Specify the unit type: |
| | | Package Boiler Built up Boiler |
| | | Acceptable steel oil-fired boiler assembly |
| 8F | | Acceptable cast- iron oil-fired boiler assembly |
| | | Scotch marine boiler |
| | | Chiller |
| | Boiler Type | Mobile Boiler |
| | | Check appropriate items: |
| | | Hot Water |
| 8G | | Steel |
| | Type of Boiler (Steel, Steam, Cast Iron, Hot | Steam |
| | water) | Cast Iron |
| 8H | Heating Surface (Fire side) sq. ft. | Indicate fireside heating surface of boiler in square feet. |
| 81 | | Provide boiler gross output in million BTU/Hour, which shall be |
| | Gross Output (Million BTU/Hr.) | specified by the manufacturer. |
| | | Provide boiler gross firing rate (GFR) in gallons per hour or cubic feet per hour. For new boilers, the GFR of the boiler shall |
| 8J | | be required to produce the GFR based on the manufacturer |
| | | data. The GFR in gallons per hour for an existing boiler shall be |
| | Gross Output Firing Rate (gph/cfh) | 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 |
| 8K | | boiler/ incinerator/ burner etc.; manufacturer's name and |
| | | model number (s), source emission numbers, draft controls, |
| | | firing rates, ventilation, and all pertinent details. |
| | Additional Combustion Equipment on Chimney or in Boiler Room | Check "No" if no other combustion equipment exists in same |
| | | boiler room or on same chimney. Indicate manufacturer's name and complete catalog number of |
| 8L | Automatic pressure device to maintain boiler | device. Indicate minimum pressure setting in pounds per |
| 01 | steam | square inch. |
| | | Indicate manufacturer's name and complete catalog number of |
| 8M | Auto temperature device to maintain water | devices. Indicate minimum temperature setting in degrees |
| | temp | Fahrenheit. |
| | | Enter "Yes" if multiple boilers covering the same load are |
| 8N | | Employed. Enter "No" if single boiler covers entire load or each |
| 8N | | Employed. Enter no in single boner covers entire load of each |



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| | Records Control (| |
|------|---|--|
| 80 | Lead Lag System | Supply manufacturer's name and complete model number for a lead lag system. |
| | | Check appropriate loads. For residential select either |
| 8P | | Space Heating or Domestic Hot Water and for Commercial |
| 0. | Type of Load on Boiler | select either Air Conditioning or Process. |
| 8Q | Is it a Condensing Boiler (Yes or No) | Select "Yes" if the boiler is condensing unit and "No" if it is not. |
| | Is a the Boiler Part of Cogeneration Unit (Yes or | Select "Yes" if the boiler is part of cogeneration unit and "No" if |
| 8R | No) | it is not. |
| | | Select "Yes" if the burner is accepted. Select "No" if the burner |
| | | is not accepted. Please check to see if this burner is on the |
| | Is this burner on the DEP Accepted Equipment List? | Department Accepted Equipment List and complete an 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. |
| | | Specify the total number of the burners mounted on each |
| 9C | | boiler being filed for on the same application. All burners on a |
| | Number of Burners | single application must be identical. |
| 9D | Burner (New or Existing) | Check "new" or "existing" accordingly. |
| | | Specify the type of burner used (for dual fuel installations, |
| | | select the oil atomizer): |
| | | Oil- Atomizers- |
| | | Pressure atomized burner |
| | | Steam atomized burner |
| | | Air atomized burner |
| | | Rotary cup burners |
| 9E | | Sonic atomizers |
| | | Other oil atomization burners |
| | | Natural Gas- |
| | | Atmospheric gas burner |
| | | Natural draft power gas burner |
| | | Forced draft power gas burner |
| | Burner Type | Other natural gas types |
| 9F | Unit Heat Input (Million BTU/Hr.) | Input per boiler. |
| | | Select the type of fuel burned or to be burned: |
| 10A | | No. 2 Fuel Oil |
| | Fuel Type 1 | Natural Gas Other |
| | | 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. |
| | | Average number of days per year burner is or will be in |
| 10C | Fuel Type 1 Days/Year | operation. |
| | | Maximum quantity of fuel burned per hour in gallons for oil or |
| 10D | Fuel Type 1 Quantity/Hour (gph/cfh) | cubic feet for gas during normal heating season. |
| 4.05 | | Total quantity of fuel burned per year in gallons for oil or cubic |
| 10E | Fuel Type 1 Quantity/Year | feet for gas. |
| | | Select GPH if fuel is oil used and CFH if its natural gas only. For |
| | | dual fuel installations, use the maximum fuel delivery rate of |
| 10F | | the fuel oil. The maximum fuel delivery rate to the burner |
| TOL | Maximum Fuel type 1 Delivery Rate (GPH or | nozzle shall be 80 to 110% of the boiler's gross output firing |
| | | |



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| 1 1 | | (718) 595–3855 Select the type of fuel burned or to be burned: |
|-------|---|--|
| 11A | Fuel Type 2 | Select the type of fuel burned or to be burned: No. 2 Fuel Oil or Natural Gas Other |
| | | 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. |
| 11D | | Maximum quantity of fuel burned per hour in gallons for oil or |
| | Fuel Type 2 Quantity/Hour (gph/cfh) | cubic feet for gas during normal heating season. |
| 11E | Fuel Type 2 Quantity/Year | Total quantity of fuel burned per year in gallons for oil or cubic feet for gas. |
| | | Select GPH if fuel is oil used and CFH if its natural gas only. For |
| | | dual fuel installations, use the maximum fuel delivery rate of |
| 11F | | the fuel oil. The maximum fuel delivery rate to the burner |
| | Maximum Fuel type 2 Delivery Rate (GPH or | nozzle shall be 80 to 110% of the boiler's gross output firing |
| | CFH) | rate. |
| 12 | Burner Limitation Details | Specify burner limitation details. |
| | | Select "Yes" if the assembly is accepted. Select "No" if the |
| | | assembly is not accepted. Please check to see if this assembly is |
| | Is this boiler/burner assembly on the DEP | on the Department Accepted Equipment List and complete an |
| | Accepted Equipment List? | equipment certification form if "No" is selected. |
| | | Select the type of combustion control type to be used: 1. Combustion On-Off |
| 13A | | 2. Low-High-Off with Low Fire Start |
| 15/1 | | 3. Low-High-Low-Off with Proven Low Fire Start |
| | Combustion Control Type | 4. Full Modulation with Proven Low Fire Start |
| 13B | High Low Modulation Motor | (Provide information for type 2, 3, &4) |
| 13C | Modulating Motor Make | Submit manufacturer's name. |
| 13D | Modulating Motor Model No. | Submit manufacturer's complete model number. |
| 13E | Firing Rate Control (Yes or No) | Select "Yes" if there is a firing rate control. Select "No" if not. |
| 13E | Firing Rate Control Make | Submit manufacturer's name. |
| 13F | Firing Rate Control Cat No. | Submit manufacturer's complete model number. |
| 14A | No. of Primary Oil Heaters | For No.6 Fuel oil, indicate the number of primary heaters. |
| 14B | MFR | For No.6 Fuel oil, indicate the name of the manufacturer. |
| 1.1.0 | | For No.6 Fuel oil, indicate the complete manufacturer catalog |
| 14C | CAT No. | number. |
| 14D | | Indicate whether the heat source for the primary oil heater is |
| 1-10 | Type of Media (Steam, Hot H2o, Electric) | steam, hot water, or electricity. |
| 14E | Cinculation | If heat source is steam, and primary heater is equipped with |
| | Circulation | hot water circulator check "Forced" else check "Gravity." |
| 14F | | Filing engineer must certify that the primary oil heater is non- contaminating type if steam and hot water were selected as |
| THL | Non-Contaminating | the type of media from question 14D. |
| | | Filing engineer certifies that primary oil heater meets |
| 14G | Blowdown & Throttling Valves | blowdown and throttling valve requirements. |
| | | Indicate total number of auxiliary electric heaters associated |
| 14H | | with all identical boilers filed on this application. Do not include |
| | No. of Auxiliary (Electric) Heater(s) | electric heaters submitted as "primary oil heaters". |
| 141 | | Provide the capacity of the heater in Watts. This value should |
| | Capacity (EA) Watts | be at least 2x28x Maximum fuel delivery rate). |



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| | Records Control (| |
|------------|---|--|
| | | Submit the capacity of primary oil heater in GPH for the specific |
| 14J | | temperature rise at the steam pressure or water temperature |
| | Capacity | maintained in 8M. |
| 14K | | Filing engineer certifies that electric heater is under |
| 141 | Electric Heater under constant temp control | thermostatic or oil stat control. |
| 14L | | Filing engineer certifies that Oil stats are as defined in the |
| 14L | Oil stats as per plan | Plans. |
| 14 | | Filing engineer certifies that cold oil interlock is as defined in |
| М | Cold Oil Interlock | the Plans. |
| 1 4 1 | | Filing engineer certifies that temperature gauges are as defined |
| 14N | Temperature Gauges as per Plan Details | in the Plans. |
| 110 | | Filing engineer certifies that pipelines are installed as defined in |
| 140 | All Oil Pipe Lines Adequately Insulated | the Plans. |
| 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 |
| 15D | | If yes, please specify the manufacturer's capacity of the fan in |
| | Capacity | CFM |
| 15E | Exhaust Fan in Boiler Room (Yes or No) | Indicate "Yes" or "No" |
| 15F | | If yes, please specify the Manufacturer's name of the exhaust |
| 125 | Make | fan. |
| 15G | Model | If yes, please specify the Manufacturer's model of the fan. |
| 15H | Capacity | If yes, please specify the capacity of the fan. |
| | | Indicate whether an open louver will be utilized to provide |
| 151 | Opening (Yes or No) | combustion air. |
| | | Indicate whether it is open or motorized louver. Motorized |
| 15J | | louvers are required for boilers with a gross output firing rate |
| 101 | Is It (Fixed or Motorized) | of 7.0 million BTU/hr or greater. |
| 151 | · · · · | Specify the gross area in square inches. |
| 15K | Gross Area (sq. in) | |
| | | Indicate the percent efficiency. When the actual louver |
| 15L | | efficiency is unknown, the efficiency shall be taken as 60 |
| | | percent for a fixed louver and 100 percent for a motorized |
| | Efficiency% | louver. |
| 15 | | Specify the net area in square inches. The net free area shall be |
| М | | 86 square inches for every one million BTU/hr based on the |
| | Net Area (sq. in) | maximum heat input rating. |
| | | If ventilation duct (s) is (are) used, indicate "Yes" and state if |
| 15N | Ventilation Duct (Vec or No) and (New or | ducts (s) is (are) "New" (to be installed with this application) or |
| 1 | Ventilation Duct (Yes or No) and (New or | |
| | Existing) | "Existing" (already installed on a previous application). |
| 164 | Existing) | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another |
| 16A | | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". |
| | Existing) Barometric Damper | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". If barometric damper installed then specify its diameter in |
| 16A 16B | Existing) | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". |
| 16B | Existing) Barometric Damper | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". If barometric damper installed then specify its diameter in |
| | Existing) Barometric Damper | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". If barometric damper installed then specify its diameter in inches (must be as large as the breeching diameter). |
| 16B | Existing) Barometric Damper Nominal Size (in) | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". If barometric damper installed then specify its diameter in inches (must be as large as the breeching diameter). If barometric damper installed then specify its area in square |
| 16B 16C | Existing) Barometric Damper Nominal Size (in) | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". If barometric damper installed then specify its diameter in inches (must be as large as the breeching diameter). If barometric damper installed then specify its area in square inches. |
| 16B | Existing) Barometric Damper Nominal Size (in) | "Existing" (already installed on a previous application). If barometric damper is to be used, select "Yes". If another form of draft control is used, select "No". If barometric damper installed then specify its diameter in inches (must be as large as the breeching diameter). If barometric damper installed then specify its area in square inches. If power operated draft regulator (PODR) is used, enter |



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| | regulator, submit the complete manufacturer's name and |
|--|--|
| | regulator, submit the complete manufacturer's name and |
| | catalog number of the switch. |
| MFR. | Provide PODR manufacturer. |
| CAT No. | Provide PODR catalog number. |
| Do You Have Smoke alarm with Combustion | If smoke alarm is required, enter "Yes" Please refer to |
| Shutoff & audio-visual alarm (Yes or No) | Engineering Criteria § 2-11 (e) (7). |
| | If smoke alarm (opacity monitor) is required, specify the |
| Smoke Alarm MFR. | manufacturer's name and catalog number. |
| Smoke Alarm Model | |
| | If emission control equipment is used select "Yes". If no |
| Control Equipment Status (Yes or No) | emission control equipment is used, select "No". |
| | Select: Oxides of Nitrogen (NOx), Carbon Monoxide (CO), |
| Pollutant Type Nox, Co, Pm | and/or Particulate Matter (PM). |
| | Describe control (i.e, low NOx burners, flue gas recirculation, |
| | selective catalytic reduction (SCR)) and Manufacturer's |
| Type of Control | make/model number. |
| % Removal | Specify the percent (%) removed from control. |
| | Provide emission factors in pound of contaminant per million |
| Emissions >> Actual | BTU. |
| | Provide how emission factors determined (i.e, Manufacturer |
| Emissions >> How Determined | Data, USEPA AP-42, Source Testing, Other) |
| | Provide maximum hourly emissions using emissions factors and |
| Hourly Emissions (lbs.hr) | maximum quantity per hour. |
| | Provide annual emissions using emission factors and maximum |
| Annual Emissions (lbs/yr) | quantity per year. |
| | CAT No. Do You Have Smoke alarm with Combustion Shutoff & audio-visual alarm (Yes or No) Smoke Alarm MFR. Smoke Alarm Model Control Equipment Status (Yes or No) Pollutant Type Nox, Co, Pm Type of Control % Removal Emissions >> Actual Emissions >> How Determined Hourly Emissions (lbs.hr) |