



PW1-C: Schedule C
Heating & Combustion Equipment

☒ Orient and affix BIS
job number label here ☒

Application Must be Typewritten.

1 Filing Status Required for all applications.

Filing purpose, choose one: ☐ New Installation ☐ Replacement/Modification ☐ Removal/ Discontinuation ☐ Change Grade of Oil Used
Type of work: ☐ Boiler ☐ Burner ☐ Fuel Storage ☐ Mobile Boiler or FS Tank

2 Location Information Required for all applications.

Borough House No(s) Street Name
BIN Block Lot Apt. / Condo No(s).
Occupancy Type choose one: ☐ Commercial ☐ Mixed Use ☐ 1 to 5 families ☐ 6 or more families ☐ Other:

3 Owner of Boiler

Last Name First Name Middle Initial
Business Name Business Telephone Business Fax
Address Mobile Telephone E-Mail
City State Zip

4 Boiler Specifications Required for all applications. Additional Schedule C is required for more than three types of boiler make/model

If Existing Boiler, Yes ☐ Location of Equip If Modular, Number of Units
Boiler Type: ☐ High Pressure or ☐ Low Pressure Pressure Settings of Relief Valves: _____ PSIG
☐ Steam or ☐ Hot Water Fuel Used: ☐ Oil or ☐ Gas or ☐ Electric
Boiler Manufacturer Model Number UL / CSA / ETL / Other Number Qty. Boilers Input Capacity (btu/hr)

5 Plan Requirements for Fuel Burning Equipment & Fuel Oil Storage Plans required if any of the below are checked.

☐ Capacity of Equipment exceeds 350,000 BTU ☐ Tanks are in a building adjacent to the line of a subway
☐ Capacity of each of the oil storage tanks exceeds 330 gallons ☐ Fuel Burning/Tanks are located above the lowest story of a building
☐ Tanks are buried or vaulted or enclosed

6 Burner Specifications If Existing Burner, Yes ☐

Burner Manufacturer Model Number UL / CSA / ETL / Other Number BTU#/GPH Rate of Burner
MBTU or GPH

7 Fuel Storage Specifications

	Tank 1	Tank 2	Tank 3	Tank 4
Grade of Oil: Bio or 2 or 4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4	<input type="checkbox"/> Bio or <input type="checkbox"/> #2 or <input type="checkbox"/> #4
Capacity (gal.):				
Location				
If Existing, indicate FDNY Permit #				

Instructions: Check Bio if the oil blend contains greater than 20% bio fuel.

8 Chimney Information

Masonry Chimney Statement: I attest that I have inspected the chimney at the location listed in Section 2 herein, and I find the chimney to be in good condition and furthermore (check only one)

☐ the chimney does not require lining; OR

☐ the chimney is lined with (fill in) _____, and such lining is in good condition.

License Number: _____ (check one) ☐ Design Professional
 Full Name _____ ☐ Licensed Installer
 Signature _____ ☐ Special Inspector

9 Registered Architect or Professional Engineer Seal and Affirmation

Full Name: _____

Address: _____

City: _____

State _____

Zip _____

E-Mail: _____

Telephone: _____

Fax: _____

License No. _____

Type: ☐ Professional Engineer ☐ Registered Architect

The installation described above, complies with the efficiency/test procedures and the sizing requirements in the NYCECC.

I affirm that the above information is correct and complete to the best of my knowledge. I understand that falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Signature _____

Date _____

P.E. / R.A. Seal (apply seal, then sign and date over seal)

10 Oil Burner Installer/Master Plumber This section required after work is completed

Full Name: _____

Address: _____

City: _____

State _____

Zip _____

E-Mail: _____

Telephone: _____

Fax: _____

License No. _____

Type: ☐ Oil Burner Installer ☐ Master Plumber

Signature _____

Date _____

Oil Burner Installer / Master Plumber Seal (apply seal, then sign and date over seal)

Verified Statement of Readiness: This statement is hereby affirmed under the installer's professional seal as proof that the conditions as stated have been met prior to requesting an appointment. Failed tests resulting from false or incorrect statements of readiness may result in referrals for disciplinary investigation.

I hereby affirm the device installed matches the device described in this application.

I further affirm that I have inspected the device and the positioning of the device within the premises, and I confirm that the installation is in conformance with New York State and City Code, Rules, and Regulations requirements and the ASME standards.

No boiler is to be placed in operation until a certification is issued by a Department of Buildings boiler inspector.

A satisfactory inspection by the department shall not be construed to be an approval by the department of a violation of the provisions of NYC Admin Code or of any other provision of law.

Falsification of any statement is a misdemeanor under the NYC Administrative Code and is punishable by a fine or imprisonment, or both.

The owner of a boiler that is removed or discontinued from use shall file a written notice of such removal or discontinuance with the Commissioner within 30 days of the date of the removal or discontinuance as per NYC Administrative Code §28-303.9. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.

Department of Buildings Sign Off For internal use only.

I hereby certify that the work indicated above has been completed in conformance to the Codes, Rules, and Regulations enforced by the New York City Department of Buildings.

Inspector's Full Name (please print): _____

Examined and Recommended for Approval on: _____ Month _____ Day _____ Year

Inspector's Signature: _____

Date: _____

Department of Buildings Boiler No(s). _____