



DEPT OF BLDGS 140443964 Job Number

ES451727763 Scan Code

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 Manhattan House No(s) 8 Street Name VERMILYEA AVENUE

BIN 1064895 Block 2233 Lot 50 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 New York 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: 15 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)
FEDERAL (REPLACEMENT)	FST-40	UL# MH16064	1	1,680,000

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
WEBSTER (REPLACEMENT)	JB1C-05	UL# MP2221	1680/12.0

7 Fuel Storage Specifications

	Tank 1	Tank 2	Tank 3	Tank 4
Grade of Oil: Bio or 2 or 4	☐ Bio or ☒ #2 or ☐ #4	☐ Bio or ☐ #2 or ☐ #4	☐ Bio or ☐ #2 or ☐ #4	☐ Bio or ☐ #2 or ☐ #4
Capacity (gal.):	3000			
Location	CELLAR			
If Existing, indicate FDNY Permit #	02016392			

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

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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) T/C, 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: NEAL M. RUDIKOFF, P.E.

Address: 270 SPAGNOLI ROAD, STE 204

City: MELVILLE State NY Zip 11747

E-Mail: INFO@NYEAPC.COM

Telephone: 631-753-0333

Fax: 631-753-0427

License No. 050579

Type: ☒ Professional Engineer ☐ Registered Architect

The installation described above, complies with the NYCECC Table C403.2.3 (5) efficiency/test procedures and the sizing requirements in ECC 403.6 as applicable.

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 _____

11/3/15

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: ROBERT BAUER

Address: 1624 WEBSTER AVENUE

City: BRONX State NY Zip 10457

E-Mail: _____

Telephone: 718-299-1650

Fax: 718-716-1637

License No. 5352

Type: ☒ Oil Burner Installer ☐ Master Plumber

Signature _____

Date _____

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.

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

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). _____