



Buildings

JB-586/11

PW1C: Schedule C
Heating & Combustion Equipment

Application Must be Typewritten.

DEPT. BLDGS.	320387719	Job Number
SC100219042		Scan Code

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 ☐ Oil Burner ☐ Fuel Storage

2 Location Information Required for all applications.

House No(s) 1615 Street Name 8TH AVENUE

Borough Brooklyn

Block 1109

Lot 1

BIN 3026900

C.B. No.307

Location of Equip. CELLAR

Apt. / Condo No(s)

Occupancy Type choose one: ☐ Commercial ☐ Mixed Use ☐ 1 to 5 families ☒ 6 or more families ☐ Other:**3 Owner of Boiler** Complete only if different from owner of Plan/Work Approval Application.

Last Name

First Name

Middle Initial

Business Name

Business Telephone

Address

Business Fax

City

State

Zip

Mobile Telephone

E-Mail

4 Boiler Specifications Required for all applications. Only one boiler type per Schedule C.

No. of Boilers to be Installed ONE

If Modular, Number of Units N/A

DEP Installation No.*

Operating Gauge Pressure

Pressure Settings of Relief Valves

Operating Weight of Boiler 1,000

Boiler Type: ☐ High Pressure or ☒ Low Pressure and ☒ Water Tube or ☐ Fire Tube or ☐ Cast Iron and

*DEP no. for replacements only.

☐ Steam or ☒ Hot WaterFuel Used: ☐ Oil or ☒ Gas or ☐ Electric

Item Manufacturer / Trade Name	MEA / BSA Number	Model Number	Qty. Boilers	Input Capacity (btu/hr)	Output Capacity (btu/hr)	Efficiency / Test Procedure
LAARS (REPLACEMENT)	1729448	MT2V1500	ONE	1,500,000	1,275,000	85.2% HBS86

☒ The device complies with the NYCECC Table 503.2.3(5) efficiency and test procedures as indicated above, or ECC 403.6 as applicable.**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 275 gallons | ☐ Tanks are located above the lowest story of a building |
| ☐ Tanks are buried or vaulted or enclosed | ☐ Tanks are in a Multiple Dwelling |
| ☐ Fuel Burning equipment will be located above the lowest story of a building | |

6 Burner Specifications

Item Manufacturer / Trade Name	MEA / BSA Number	Model Number	Gross Firing Rate of Oil Burners	
			BTU	GPH
LAARS (REPLACEMENT)	1729448	INTEGRAL		

7 Fuel Storage Specifications

Qty. Tanks	Capacity (gal.):	Tank 1	Tank 2	Tank 3	Tank 4	Oil Grade: ☐ Grade #1 (Kerosene) ☐ Grade #4 ☐ Grade #5	
						☐ Grade #2 (Diesel/Bio Diesel)	☐ Grade #6

8 Chimney Information

Walls made of: BRICK

Lining made of: FIRECLAY

Full Name: MARVIN WASOFF

Statement Regarding Construction of Existing Chimney: I attest that have inspected the chimney at the premises wherein under this application I propose to install oil burning equipment and found that chimney is in good condition.

Address: 36-05C COLLEGE POINT BLVD, FLUSHING 11354

Signature: *Marvin Wasoff* Date: *10/26/11***9 Registered Architect or Professional Engineer Seal and Affirmation**

Full Name: JOSEPH D. BAZINI

Address: 514 MEACHAM AVENUE

City: ELMONT

State NY

Zip 11003

E-Mail:

Telephone: (516)502-4837

Fax:

License No. 087678

Type: ☒ Professional Engineer ☐ Registered Architect

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 § 26-124 of 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: MARVIN WASOFF

Address: 36-05C COLLEGE POINT BLVD

City: FLUSHING

State NY

Zip 11354

E-Mail:

Telephone: 718-387-1400

Fax:

License No. 0868

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 must be 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.

A. I affirm, ☐ the device installed matches the device contained in this application; or ☐ the device installed does NOT match the device contained in this application. (check only one)

B. I affirm, 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 requirements and the same (1986) code standards.

Notice is hereby made on behalf of the OWNER(s), LESSEE(s), or OCCUPANT(s) of the proposed installation of steam or hot water boiler in accordance with Section 27-739 of the Administrative Code. **No boiler is to be put into operation until a certification is issued by a boiler inspector.** Falsification of any statement is a misdemeanor under § 26-124 of 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.

Department of Buildings Sign Off For internal use only.

I hereby certify that the work indicated above has been completed in a manner required by the Rules and Regulations of the New York City Department of Buildings, except where reported adversely.

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).