Date: Amount: Receipt #: Check #: Permit approved by: Installation approved by:	Workforce Regulation and Safety Division Occupational Safety - Boiler Unit 1511 Pontiac Avenue, P.O. Box 20157, Cranston, RI 02920-0942 Telephone: (401) 462-8570 Fax: (401) 462-8576 www.dlt.ri.gov/occusafe/boiler.htm
If Insured, by whom:	APPLICATION FOR PERMIT TO INSTALL BOILERS
and installation fee. <u>High pressure boilers are</u> Please make checks payable to: RI Dept. of	stallation, then forward to the above address accompanied by boiler drawings \$300 per unit; Low pressure boilers are \$120 per unit. Labor and Training Boiler Unit. her than English? O Yes O No If yes, what language?
<u>User and Facility Information</u>	Installer Information
1. Owner/User:	Installer:
Address:	Address:
Tel. No.:	Tel. No.:
Location Business Name:	Approx. Installation Date:
Please check all that apply: ☐ Steam ☐ Circulating Hot Water ☐ Ca	O New O Used Year Manufactured: ast Iron □ Steel □ Watertube □ Firetube □ Hot Water Tank s Serial #: Maximum Allowable Working Pressure:
	ef Valve Capacity: Heat Input:
BTU per hour: Steam Gen	erating Capacity: Pounds per hour:
Water Heating Capacity: I	BTUs/LBs per hour:
4. BOILER ROOM: O New O Existing Boiler room shall meet all code requirement	ck all that apply): Safety Valve(s) Remote Switch s including: proper ventilation; three (3) foot clearances on all side and top of h manholes. Variances must have prior approval by Chief Boiler Inspector.
My signature below shall certify that the boi	ontact this office to schedule a final inspection prior to initial start-up of the device(s). CERTIFICATION ler mentioned above will be installed in compliance with all state laws, rules
may result in a fine and/or imprisonment.	tions, I also recognize that failure to adhere to said laws, rules and regulations

Pipefitter Master License Number:

(Please attach copy of Pipefitter Master License)