

PERMIT TO OPERATE BOILER APPLICATION

CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF BUILDING INSPECTION
49 South Van Ness Ave, Suite 400
San Francisco, CA 94103-2124
Phone No (628) 652-3400

**SUBMIT 2-SIDED ORIGINAL WITH
PAYMENT AND WET SIGNATURE**

GENERAL INFORMATION

Boiler serial no:	Address & location of boiler:
Inspection date:	

OWNERSHIP INFORMATION

Owner's Name:	Telephone:	
Owner's street address:	City:	Zip:
Owner's mailing address:	City:	Zip:
Name of authorized agent (if different from owner):		Email:
		Telephone:

BOILER DATA

<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Steel	<input type="checkbox"/> Water Tube	<input type="checkbox"/> Fire Tube	Other: _____
<u>Heat exchanger:</u>	<input type="checkbox"/> Single wall	<input type="checkbox"/> Double wall	<input type="checkbox"/> None	
Pressure rating:	BTU capacity:	Temperature rating:		

CERTIFICATE OF BOILER INSPECTION

Boiler inspector name:	License no:	Expiration date:
Employer's name:	Address:	Phone no:
		Email:

This is to certify under penalty of perjury that I am a licensed boiler contractor/certified boiler inspector; that I inspected this boiler on MM / DD / YY ; that the inspection was conducted and complies with Table No. 10-3 – controls and limit devices for automatic boilers – Chapter 10 of the Uniform Mechanical Code.

Signature: _____ Date: _____
Print name: _____ Phone no: _____

PLEASE MAKE CHECK PAYABLE TO:
“CCSF – DBI”

We accept payments from owner or affiliated agent(s) shown on DBI record. Third parties must provide authorization letter and ID.

Applicant signature:	
Print name:	Date:

OFFICE USE ONLY: Receipt no/Permit no:	Accepted by – DBI:	Date:
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BOILER INSPECTION REPORT

Boiler type: <input type="checkbox"/> Steam <input type="checkbox"/> Hydronic <input type="checkbox"/> Domestic Hot Water		
Manufacturer: _____		Model no: _____
Forced draft burner: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fuel		
Burner make: _____		Burner no: _____
Year built: _____		Control panel manufacturer: _____
Capacity: Steam: _____	Water: _____	
Steam pressure settings: _____	Storage tank: _____	

	Tests (please circle):
Flame relay: _____	Pass Fail N/A
Flame detection: _____	Pass Fail N/A
High limit: _____ Setting: _____	Pass Fail N/A
Operator: _____ Setting: _____	Pass Fail N/A
Low gas pres sw: _____ Setting: _____	Pass Fail N/A
High gas pres sw: _____ Setting: _____	Pass Fail N/A
Return pump: _____ Setting: _____	Pass Fail N/A
Gas valve 1 rating: _____ Clock control: _____	Pass Fail N/A
Gas valve 2 rating: _____ Size: _____	Pass Fail N/A
Pilot gas valve: _____ Number: _____	Pass Fail N/A
Modulating motor: _____	Pass Fail N/A
Low water cut-off: _____	Pass Fail N/A
Low-low water cut: _____ M/reset: _____	Pass Fail N/A
Relief valve 1: _____ Capacity: _____	Pass Fail N/A
Relief valve 2: _____ Capacity: _____	Pass Fail N/A
Relief valve 3: _____ Capacity: _____	Pass Fail N/A
Expansion tank: _____ Sight glass: _____	ASME: _____
System control voltage: _____ Hot water setting: _____	
Flow switch: _____ Condensate pump: _____	

BACKFLOW PREVENTION DEVICE

Type: _____	Make: _____	Model no: _____
Serial no: _____	Health stamp no (example: "A12345"): _____	Last inspection date (MM/DD/YY): _____

Outside steam heat source:
 Outside steam from: _____ Building control: _____

Additional comments:

Date: _____	By: _____	Owner's representative: _____
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