

**APPLICATION FOR PERMIT  
TO OPERATE BOILER**

**SUBMIT 2-SIDED ORIGINAL WITH INK  
SIGNATURES AND FEE  
FOR PERMIT**

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF BUILDING INSPECTION  
1660 Mission Street  
San Francisco, CA 94103-2124  
Phone No. (415) 558-6570

**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	Telephone	

**BOILER DATA**

Cast Iron: _____	Steel: _____	Water Tube: _____	Fire Tube: _____	Other: _____
Heat Exchanger:	Single Wall: _____	Double Wall: _____	None: _____	
Pilot Type: _____	Standing: _____	Interrupted: _____	Intermittent: _____	
Pressure Rating	BTU Capacity	Temperature Rating		

**CERTIFICATE OF BOILER INSPECTION**

Name of Boiler Inspector	License No.	Exp. Date
Employer's Name & Address		
Employer's Phone No.		

**THIS IS TO CERTIFY UNDER PENALTY OF PERJURY THAT I AM LICENSED BOILER CONTRACTOR/  
CERTIFIED BOILER INSPECTOR; THAT I INSPECTED THIS BOILER ON \_\_\_\_\_ (DATE); 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.**

Date: _____	Signature
Phone #: _____	Print Name

**PLEASE MAKE CHECK PAYABLE TO:  
DEPARTMENT OF BUILDING INSPECTION**

Applicant's Signature                      Date

Print Applicant's Name

# BOILER INSPECTION REPORT

Boiler Serial No. \_\_\_\_\_ Manufacturer: \_\_\_\_\_ Model#: \_\_\_\_\_  
Boiler Type:  Steam  Hydronic  Domestic Hot Water  
BURNER MAKE: \_\_\_\_\_ BURNER #: \_\_\_\_\_  
Year Built: \_\_\_\_\_ Control Panel Manufacturer: \_\_\_\_\_  
FORCED DRAFT BURNER:  YES  NO  FUEL  
CAPACITY: STEAM \_\_\_\_\_ WATER \_\_\_\_\_  
STEAM PRESSURE SETTINGS: \_\_\_\_\_ STORAGE TANK CAPACITY \_\_\_\_\_  
FLAME RELAY: \_\_\_\_\_ TEST: \_\_\_\_\_  
FLAME DETECTION: \_\_\_\_\_ TEST: \_\_\_\_\_  
HIGH LIMIT: \_\_\_\_\_ SETTING: \_\_\_\_\_ TEST: \_\_\_\_\_  
OPERATOR: \_\_\_\_\_ SETTING: \_\_\_\_\_ TEST: \_\_\_\_\_  
LOW GAS PRES. SW: \_\_\_\_\_ SETTING: \_\_\_\_\_ TEST: \_\_\_\_\_  
HIGH GAS PRES. SW: \_\_\_\_\_ SETTING: \_\_\_\_\_ TEST: \_\_\_\_\_  
RETURN PUMP: \_\_\_\_\_ CLOCK CONTROL: \_\_\_\_\_ TEST: \_\_\_\_\_  
GAS VALVE #1 RATING: \_\_\_\_\_ SIZE \_\_\_\_\_ TEST: \_\_\_\_\_  
GAS VALVE #2 RATING: \_\_\_\_\_ SIZE: \_\_\_\_\_ TEST: \_\_\_\_\_  
PILOT GAS VALVE: \_\_\_\_\_ NUMBER: \_\_\_\_\_ TEST: \_\_\_\_\_  
MODULATING OTOR: \_\_\_\_\_ TEST: \_\_\_\_\_  
LOW WATER CUT-OFF: \_\_\_\_\_ TEST: \_\_\_\_\_  
LOW-LOW WATER CUT-OFF: \_\_\_\_\_ M/RESET: \_\_\_\_\_ TEST: \_\_\_\_\_  
RELIEF VALVE #1: \_\_\_\_\_ CAPACITY: \_\_\_\_\_ TEST: \_\_\_\_\_  
RELIEF VALVE #2: \_\_\_\_\_ CAPACITY: \_\_\_\_\_ TEST: \_\_\_\_\_  
RELIEF VALVE #3: \_\_\_\_\_ CAPACITY: \_\_\_\_\_ TEST: \_\_\_\_\_  
EXPANSION TANK: \_\_\_\_\_ SIGHT GLASS: \_\_\_\_\_ ASME \_\_\_\_\_  
SYSTEM CONTROL VOLTAGE: \_\_\_\_\_  
HOT WATER SETTING: \_\_\_\_\_  
FLOW SWITCH: \_\_\_\_\_  
CONDENSATE PUMP: \_\_\_\_\_

## BACKFLOW PREVENTION DEVICE

TYPE: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL #: \_\_\_\_\_  
SERIAL #: \_\_\_\_\_ HEALTH STAMP # \_\_\_\_\_  
**LAST INSPECTION DATE:** \_\_\_\_\_

## OUTSIDE STEAM HEAT SOURCE

OUTSIDE STEAM FROM: \_\_\_\_\_  
BUILDING CONTROL \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

OWNER'S REPRESENTATIVE: \_\_\_\_\_