

**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: _____

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**

**We accept payments from owner or affiliated agent(s) shown on
DBI record. 3rd parties must provide authorization letter and ID.**

Applicant's Signature

Date

Print Applicant's Name

Receipt and Permit No.:

Approved - DBI

Date

BOILER INSPECTION REPORT

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: _____ SETTING: _____ TEST: _____
GAS VALVE #1 RATING: _____ CLOCK CONTROL: _____ TEST: _____
GAS VALVE #2 RATING: _____ SIZE: _____ TEST: _____
PILOT GAS VALVE: _____ NUMBER: _____ TEST: _____
MODULATING MOTOR: _____ 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: _____