



THE CITY OF NEW YORK  
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Environmental Compliance  
59-17 Junction Boulevard, 9<sup>th</sup> Floor, Flushing, New York 11373  
Records Control (718) 595-3855

Rev.  
3/2015

**Online Boiler Work Permit Application  
Information Required**

**For stationary/mobile/emergency boilers- Heat Input of 2.8 Million Btu/hr or greater**

- **Stationary/Mobile boilers - (PE/RA can file) Information and Documents needed:**
  - APC 5.0 Application – See attached sample of APC 5.0 form and Instruction
  - Drawings/Plans (must be legible and formatted to print on 8½" X 11" or 11"x17")
    - Plot plan - Cross streets, Compass, Location of boiler room, Block & Lot
    - Boiler room plan –Location of all components, Air Intake specifications
    - Boiler plan – All dimensions, Burner limitations, Heat release
  - Compliance Certification Forms for boiler, burner and/or control are required for equipment not on the DEP accepted list.
    - To check if boiler, burner and controls are on the DEP accepted listed:  
<https://a826-web01.nyc.gov/DEP.AcceptedEquipment/>
  - Draft calculations are required for new boiler, induced draft fan, or chimney.
    - ASHRAE Program generated calculations (include summary sheet and detail output printout) (Version 2009 or later); or
    - NYC DEP Stack Adequacy Forms
  - Heat load calculations required for new buildings and replacement boilers greater than 20% of the existing boiler on record
  - All drawings and documents must be uploaded as PDFs.
- **Emergency Work Permit - (LOBI/LMP or PE/RA can file)**
  - Required Information:
    - Owner address and email
    - Premise address for the installation
    - Boiler Make/Model, Max Heat Input and Gross Output (Btu/hr); Fuel type
    - Application number (CA/CB # ) for the replacement boiler
  - Temporary Work Permit will be issued for 30 days.
  - Fees will be applied to the new Work Permit application
- **Fees** can be paid using either e-check or credit cards
  - If the ACH is blocked, contact the bank and add a 'Debit Filter' for DEP (Company ID: 2136400434).
- **Mail the following to DEP after online submission (Address above):**
  - APC5-0 printed from online CATS
  - Two copies of all drawings on 11 x 17 (original and copy)
  - Signed Certification – provide either:
    - APC 5-0 Certification form signed by Owner, PE and Installer; or
    - APC 5-0 Certification form signed by PE, Letter of Authorization signed by owner and Installer Statement signed by installer

For all technical questions email: [airpermit@dep.nyc.gov](mailto:airpermit@dep.nyc.gov)



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**Michael Gilseman**  
 Assistant Commissioner  
 Environmental Compliance

**FOSSIL FUELS COMBUSTION EQUIPMENT APPLICATION**  
**FORM APC5-0**

For Permit to Construct & Certificate to Operate

APPLICATION ID:
DATE:

1A. FACILITY NAME (IF ANY):					1B. FACILITY*: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		
1C. FACILITY LOCATION (NUMBER AND STREET ADDRESS)*:					1D. BOROUGH*:		1E. STATE*:
1F. BLOCK:	1G. LOT:	1H. ZIP*:	1I. BUILDING SECTION OR NUMBER:	1J. EQUIPMENT LOCATION*:	1K. No. OF FLOORS*:	1L. No. OF APTS.:	1M. No. OF ROOMS:
1N. BUILDING TOTAL SQUARE FOOTAGE:		1O. IS THIS EQUIPMENT A REPLACEMENT FOR EQUIPMENT PRESENTLY CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO			1P. IF YES, PROVIDE THE INSTALLATION NUMBER OF THE EQUIPMENT IT IS REPLACING: <b>CA / CB:</b> _____		

2A. OWNER'S NAME*:				2I. FACILITY CLASSIFICATION*: <input type="checkbox"/> A. COMMERCIAL <input type="checkbox"/> B. INDUSTRIAL <input type="checkbox"/> C. UTILITY <input type="checkbox"/> D. SCHOOL <input type="checkbox"/> E. HOSPITAL <input type="checkbox"/> F. RESIDENTIAL <input type="checkbox"/> G. NYCHA <input type="checkbox"/> H. DEPARTMENT OF EDUCATION <input type="checkbox"/> I. NYC HOSPITAL <input type="checkbox"/> J. OTHER			
2B. NUMBER & STREET ADDRESS*:		2C. TOWN / BOROUGH*:	2D. STATE*:	2E. ZIP*:			
2F. EMAIL ADDRESS:			2G. TELEPHONE*:	2H. FAX:			

3A. NAME OF P.E. OR R.A.*:		3B. N.Y.S. P.E. OR R.A. LICENSE No.*:	3C. EMAIL ADDRESS*:		3D. TELEPHONE*:	3E. FAX:	
3F. COMPANY NAME:			3G. NUMBER AND STREET ADDRESS*:		3H. TOWN OR BOROUGH*:	3I. STATE*:	3J. ZIP*:
3K. NAME OF INSTALLER*		3L. NYC INSTALLER OR PLUMBER LICENSE No.*:	3M. EMAIL ADDRESS*:		3N. TELEPHONE*:	3O. FAX:	
3P. COMPANY NAME:			3Q. NUMBER AND STREET ADDRESS*:		3R. TOWN OR BOROUGH*:	3S. STATE*:	3T. ZIP*:

**FEE EXEMPTION**  
*(IF APPLYING FOR FEE EXEMPTION, ATTACH DEPARTMENT OF FINANCE DOCUMENT ALONG WITH THIS FORM)*

4A. IS TAX EXEMPT PROPERTY** <input type="checkbox"/> YES <input type="checkbox"/> NO	4B. IS GOVERNMENT OWNED PROPERTY** <input type="checkbox"/> YES <input type="checkbox"/> NO	4C. AGENCY NAME
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ALL PERTINENT DETAILS CONCERNING THE FOLLOWING ITEMS AS WELL AS ANY OTHER INFORMATION NOT CONTAINED HEREIN BUT REQUIRED IN THE ENGINEERING CRITERIA FOR FUEL BURNING EQUIPMENT EFFECTIVE JULY 1, 1973 MUST BE INDICATED ON THE PLANS OR SUBMITTED AS SUPPLEMENTAL DATA

**CHIMNEY INFORMATION**

5B. CHIMNEY* <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING		5C. TYPE OF CHIMNEY* <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL		5D. CHIMNEY HT (FT)*	5E. CHIMNEY INSIDE DIMEN. AT OUTLET (IN)*	5F. RADIAL DISTANCE ABOVE(FT)*	5G. RADIAL DISTANCE BELOW(FT)*	5H. RAIN CAP OR COVER* <input type="checkbox"/> YES <input type="checkbox"/> NO
5I. EXIT VELOCITY (FT/SEC)*	5J. EXIT FLOW RATE (SCFM)*	6A. INDUCED DRAFT FAN* <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING			6B. MANUFACTURER		6C. MODEL NUMBER	6D. CAPACITY (SCFM):

**EMISSION MONITOR**

7A. CONTINUOUS OPACITY MONITOR  MONITOR MAKE: _____  MODEL No.: _____		7B. CONTINUOUS NOx MONITOR  MONITOR MAKE: _____  MODEL No.: _____		7C. CONTINUOUS SOx MONITOR  MONITOR MAKE: _____  MODEL No.: _____	
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<b>BOILER</b>							
IS THE BOILER ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO							
8A. BOILER MAKE		8C. TOTAL HEAT INPUT RATING (MILLION BTU/HR)	8D. NUMBER OF IDENTICAL BOILERS APPLIED FOR	8E. BOILER <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING	8F. BOILER CATEGORY <input type="checkbox"/> PACKAGE BOILER <input type="checkbox"/> BUILT UP BOILER <input type="checkbox"/> STEEL OIL-FIRED BOILER ASSEMBLY <input type="checkbox"/> SCOTCH MARINE BOILER <input type="checkbox"/> CAST IRON OIL-FIRED BOILER ASSEMBLY		
8B. BOILER MODEL							
8G. TYPE OF BOILER: <input type="checkbox"/> STEEL <input type="checkbox"/> CAST IRON <input type="checkbox"/> STEAM <input type="checkbox"/> HOT H <sub>2</sub> O		8H. HEATING SURFACE (FIRESIDE) in SQ. FT.	8I. GROSS OUTPUT MILLION BTU/HR.	8J. GROSS FIRING RATE (Gallons/Hr. or Cubic Ft/Hr.)	8K. ADDITIONAL COMBUSTION EQUIPMENT ON CHIMNEY OR IN BOILER ROOM:  <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If YES, COMPLETE DETAILS MUST BE SHOWN ON PLANS)</small>	8L. AUTOMATIC PRESSURE DEVICE TO MAINTAIN BOILER STEAM* PRESSURE@ _____ PSIG (MINIMUM) MFR: _____ CAT. No.: _____	
8M. AUTOMATIC TEMPERATURE DEVICE TO MAINTAIN BOILER TEMP* PRESSURE@ _____ F (MINIMUM) MFR: _____ CAT. No.: _____			8N. LEAD LAG SYSTEM:  <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If you select NO, please ensure that boilers are interlocked)</small>		8O. LEAD LAG SYSTEM MAKE: _____ MODEL: _____		
8P. TYPE OF LOAD ON BOILER: <input type="checkbox"/> SPACE HEATING <input type="checkbox"/> DOM. HOT H <sub>2</sub> O <input type="checkbox"/> AIR CONDITIONING <input type="checkbox"/> PROCESS				8Q. IS IT A CONDENSING BOILER? <input type="checkbox"/> YES <input type="checkbox"/> NO		8R. IS THE BOILER PART OF COGENERATION UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

<b>BURNER</b>							
<small>(BURNER PERMANENTLY LIMITED AT MAXIMUM FUEL DELIVERY RATE AS PER PLAN NOTE)</small>							
IS THE BURNER ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES / <input type="checkbox"/> NO							
IS THE BOILER/BURNER ASSEMBLY ACCEPTED? <input type="checkbox"/> YES / <input type="checkbox"/> NO							
9A. BURNER MAKE		9C. NUMBER OF BURNERS:	9E. BURNER TYPE  <b>OIL-ATOMIZERS</b> <input type="checkbox"/> Pressure atomized burners <input type="checkbox"/> Steam atomized burner <input type="checkbox"/> Air atomized burners <input type="checkbox"/> Rotary cup burners <input type="checkbox"/> Sonic atomizers <input type="checkbox"/> Other oil atomization burners			<b>NATURAL GAS</b> <input type="checkbox"/> Atmospheric gas burner <input type="checkbox"/> Natural draft powers gas burner <input type="checkbox"/> Forced draft power gas burner <input type="checkbox"/> Other natural gas types	
9B. BURNER MODEL NUMBER		9D. BURNER: <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING				9F. UNIT HEAT INPUT (MILLION BTU/HR)  9G. MAXIMUM FUEL DELIVERY RATE <input type="checkbox"/> GPH <input type="checkbox"/> CFH	
10A. PRIMARY FUEL TYPE <input type="checkbox"/> No.2 FUEL OIL <input type="checkbox"/> No.4 FUEL OIL <input type="checkbox"/> No.6 FUEL OIL <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER: _____				10B. HOURS/DAY	10C. DAYS/YEAR	10D. MAX. QTY/HOUR	10E. QTY/YEAR
11A. SECONDARY FUEL TYPE <input type="checkbox"/> No.2 FUEL OIL <input type="checkbox"/> No.4 FUEL OIL <input type="checkbox"/> No.6 FUEL OIL <input type="checkbox"/> NATURAL GAS <input type="checkbox"/> OTHER: _____				11B. HOURS/DAY	11C. DAYS/YEAR	11D. MAX. QTY/HOUR	11E. QTY/YEAR
12. BURNER LIMITATION DETAILS:   							

<b>COMBUSTION CONTROLLER</b>			
<small>(REFER APC 5-0 INSTRUCTION SHEET BEFORE ENTERING DETAILS)</small>			
IS THE MODULATING MOTOR ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A			
IS THE FIRING RATE CONTROL ACCEPTED? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A			
13A. COMBUSTION CONTROL TYPE*: <input type="checkbox"/> 1. ON-OFF <input type="checkbox"/> 2. LOW-HIGH-OFF WITH LOW FIRE START <input type="checkbox"/> 3. LOW-HIGH-OFF WITH PROVEN LOW FIRE START <input type="checkbox"/> 4. FULL MODULATION WITH PROVEN LOW FIRE START			
13B. HIGH / LOW MODULATING MOTOR <small>(Provide information for type 2,3 &amp;4)</small>		13E. FIRING RATE CONTROL <small>(Provide information for type 3 &amp;4)</small>	
13C. MODULATING MOTOR MAKE:		13F. FIRING RATE CONTROL MAKE:	
13D. MODULATING MOTOR MODEL No.:		13G. FIRING RATE CONTROL CAT. No.:	

OIL HANDLING				
14A. No. OF PRIMARY OIL HEATERS	14B. MFR.:	14C. CAT. No.:	14D. <input type="checkbox"/> STEAM <input type="checkbox"/> HOT H <sub>2</sub> O <input type="checkbox"/> ELECTRIC	
14E. CIRCULATION <i>(Provide information if steam selected in 14D.)</i>  <input type="checkbox"/> FORCED <input type="checkbox"/> GRAVITY	14F. NON-CONTAMINATING <i>(Provide information if steam &amp; Hot H<sub>2</sub>O selected in 14D)</i>  <input type="checkbox"/> YES	14G. BLOWDOWN & THROTTLING VALVES <i>(Provide information if steam &amp; Hot H<sub>2</sub>O selected in 14D)</i>  <input type="checkbox"/> YES	14H. No. OF AUXILIARY (ELECTRIC) HEATER[S]	14I. CAPACITY (EA) WATTS
14J. CAPACITY  _____ GPH PER _____ °F OIL TEMP RISE @ _____ LBS STEAM _____ °F H <sub>2</sub> O _____ WATTS				
14K. ELECTRIC HEATER(S) UNDER CONSTANT TEMPERATURE CONTROL  <input type="checkbox"/> YES	14L. OIL STATS AS PER PLAN DETAILS  <input type="checkbox"/> YES	14M. COLD OIL INTERLOCK  <input type="checkbox"/> YES	14N. TEMPERATURE GAUGES AS PER PLAN DETAILS  <input type="checkbox"/> YES	14O. ALL OIL PIPE LINES ADEQUATELY INSULATED  <input type="checkbox"/> YES

AIR / GAS HANDLING				
IS THE POWER OPERATED DRAFT REGULATOR ON THE DEP ACCEPTED EQUIPMENT LIST? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A				
IS THE SMOKE ALARM ACCEPTED? <input type="checkbox"/> YES / <input type="checkbox"/> NO / <input type="checkbox"/> N/A				
15A. INTAKE VENTILATION FAN(S)* <input type="checkbox"/> YES <input type="checkbox"/> NO	15E. EXHAUST FAN(S) IN BOILER ROOM*: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LOUVER</b>		
15B. MAKE:	15F. MAKE:	15I. OPENING* <input type="checkbox"/> YES <input type="checkbox"/> NO	15J. IS IT* <input type="checkbox"/> FIXED <input type="checkbox"/> MOTORIZED	15K. GROSS AREA (SQ. IN.)*  15L. EFFICIENCY%*  15M. NET AREA (SQ. IN.)*
15C. MODEL No.:	15G. MODEL No.:			15N. VENTILATION DUCT* <input type="checkbox"/> YES / <input type="checkbox"/> NO <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING
15D. CAPACITY:	15H. CAPACITY:			
16A. BAROMETRIC DAMPER*  <input type="checkbox"/> YES <input type="checkbox"/> NO	16B. NOMINAL SIZE (IN.)*  16C. NOMINAL AREA (SQ. IN.)	16D. POWER OPERATED DRAFT REGULATOR WITH LOW DRAFT CUTOFF*  <input type="checkbox"/> YES <input type="checkbox"/> NO	16E. MFR.:	16F. CAT. No.:
		17A. DO YOU HAVE SMOKE ALARM WITH COMBUSTION SHUTOFF & AUDIO-VISUAL ALARMS?*	17B. SMOKE ALARM MFR*:	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	

EMISSION CONTROL					
18A. CONTROL EQUIPMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	18B. TYPE OF POLLUTANT CONTROLLED <input type="checkbox"/> NO <sub>x</sub> <input type="checkbox"/> CO <input type="checkbox"/> PM	18C. TYPE OF CONTROL			18D. % REMOVAL
CONTAMINANT		EMISSIONS (LB/MILLION BTU)		19C. HOURLY EMISSIONS (LBS/HR)	19D. ANNUAL EMISSIONS (LBS/YEAR)
NAME	CAS NUMBER	19A. ACTUAL	19B. HOW DETERMINED		
TOTAL PARTICULATES	NY079-00-0				
NITROGEN OXIDES	10102-44-0				
CARBON MONOXIDE	00630-08-0				

ADDITIONAL COMBUSTION EQUIPMENT IN FACILITY				
INSTALLATION No.	DESCRIPTION	MANUFACTURER	MODEL	INPUT BTU/HR.

## SIGNATURE INFORMATION

I hereby affirm under penalty of perjury that the information provided on this form is true to the best of my knowledge and belief, and that the equipment and/or apparatus concerned will be installed, altered and operated in accordance with the requirements of the NYC Air Pollution Control Code. I hereby authorize the P.E. / R.A. named herein to file this application on my behalf. I hereby acknowledge that false statements are punishable as a class A misdemeanor pursuant to sec. 24-190 of the NYC air pollution control code and sec. 210-45 of the penal law. All equipment and apparatus in addition to complying with the NYC DEP Bureau of Environmental Compliance shall also meet the requirements of other federal, state and local agencies including but not limited to the Federal Government EPA, NYS Dept. of Environmental Conservation, NYS Department of Labor Board of Standards and Appeals, Fire Department of NY, and NYC Department of Buildings. This project meets all applicable Safety Standards. DEP reserves the right to revoke this permit for cause. I understand that there may be audit inspections of this facility by DEP to verify the equipment in this application.

OWNER OR OFFICER'S NAME &amp; TITLE

TELEPHONE

OWNER OR OFFICER'S SIGNATURE

DATE

I hereby certify to the best of my knowledge and belief to the accuracy of the technical information contained in this application, plans and any supplementary data submitted. I hereby certify that the information provided on this form is true to the best of my knowledge and belief, and that the equipment and/or apparatus concerned will be designed and installed in accordance with the requirements of the NYC Air Pollution Control Code and DEP Engineering Criteria including but not limited to the following technical specifications:

Please make sure that you check each box below:-

- Boiler/burner will be designed to meet the emissions criteria of the fuel burning criteria with a stack loss of no more than 20%.
- The chimney is equipped with cleanout chamber.
- Louvered opening in a wall to the outside air will have a net free area of 86 square inches per one million BTU per hour based on the burner oil delivery rate and in no case less than the average internal cross sectional area of the chimney. The net free area of the louver shall be increased in size equivalent to the opening of a barometric damper or dampers.
- The burner will be electrically interlocked with any motorized louver(s), motorized damper(s), mechanical ventilation fans(s), induced draft fan(s) & forced draft fan(s)
- The burner will be designed with an automatic pre purge & post purge operation.
- Access ports will be provided in the breeching and any ventilation ducts.

PLACE SEAL ABOVE

NAME OF NEW YORK STATE P.E. OR R.A. AND LICENSE NUMBER

SIGNATURE OF NEW YORK STATE P.E. OR R.A.

DATE

**WORK PERMIT** will not be issued unless:

(A) Installer is named and (B) Workmen's compensation and disability are on file with BEC.

Final approval of the installation in the form of a **CERTIFICATE OF OPERATION** will not be issued until compliance with all applicable provisions of law, rules and regulations of the NYC Air Pollution Control Code have been verified at the installation site by a representative of the department.

COMPANY NAME OF THE INSTALLER

COMPANY ADDRESS

TOWN OR BOROUGH

STATE

ZIP

*(This application is complete and accurate) I hereby certify that upon approval of this application, plans and any supplementary data I will make the installation of and adjustment to the equipment and/or apparatus described herein.*

INSTALLER'S NAME:

NYC OIL BURNER LICENSE No.:

CLASS:

INSTALLER'S SIGNATURE:

EMAIL ADDRESS (MANDATORY):

DATE:

*(This application is complete and accurate) I hereby certify that upon approval of this application, plans and any supplementary data I will make the installation of and adjustment to the equipment and/or apparatus described herein.*

NYC LICENSED PLUMBER'S NAME:

NYC LICENSED PLUMBER No.:

NYC LICENSED PLUMBER'S SIGNATURE:

EMAIL ADDRESS (MANDATORY):

DATE:



**THE CITY OF NEW YORK  
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Bureau of Environmental Compliance  
59-17 Junction Boulevard, 9th Floor  
Flushing, New York 11373

**Instructions for Completing Form APC5-0**

<b>Item Number &amp; Name</b>	<b>Specific Instructions</b>
1A. Facility name (if any)	If subject premise has a name which is displayed on the store front sign or is commonly known (e.g. "ABCD" Garden Apartments) indicate such name. If no such name exists indicate "none".
1B. Facility New or Existing	Select "New" if equipment will be housed in a new structure. Select "Existing" if equipment will be housed in an existing structure.
1C-1H. Facility Location	Complete premise address of combustion equipment being filed for. Do not abbreviate street address.
1I. Building Section or Number	If premise identified is part of a housing or commercial complex where buildings have identifying numbers and/or letters, provide same.
1J. Equipment Location	Identify physical location, by floor number, of combustion equipment within premise. (e.g cellar)
1K. Number of Floors	Total number of floors in subject premises.
1L. Number of Apartments	Total number of apartments in subject premises.
1M. Number of Rooms	Total number of rooms in subject premise.
1N. Building Total Square Footage	Area in square feet of the building in subject premise.
1O. Replacement Equipment	Select "Yes" if equipment is a replacement for equipment currently certified. Select "No" if the equipment is not a replacement for equipment currently certified.
1P. Installation Number or Replaced Equipment	If this equipment is a replacement for equipment currently certified, please provide the Installation Number of the equipment it is replacing. <i>(Renewal of the existing Certificate of Operation (CO) is required as long as the equipment is operable. The existing CO will be cancelled once we receive a written notification within 20 days that the equipment is dismantled or rendered inoperable. )</i>
2A. Owner's Name	Full legal name of owner of premise.
2B-2E. Owner's Address	Owner's complete mailing address.
2F. Owner's Email Address	Email address to facilitate future correspondences and send out renewal reminders.
2G. Telephone	Telephone number of the Owner.
2H. Fax	Fax number of the Owner.
2I. Facility Classification	Classification based on type of used: Check only one appropriate Box, example: Hospital owned residence, check residential College owned dormitory, check residential College owned power plant, check utility

3A.	Name of P.E or R.A	Full name of Professional Engineer authorized to file the APC 5-0 Form.
3B.	New York State P.E or R.A License Number	New York State Professional Engineer’s or R.A’s License Number.
3C.	P.E. Email Address	P.E. email address for future correspondence.
3D.	Telephone	Telephone number of the Professional Engineer.
3E.	Fax	Fax number of the Professional Engineer
3F.	Company Name	Name of the company the Professional Engineer is employed with.
3G-3J.	P.E’s Address	Complete business address information of the Professional Engineer.
3K.	Name of Installer	Full name of the installer or plumber authorized to file the APC 5-0 Form.
3L.	New York City Installer or Plumber License Number	New York City Oil Burner Installer or Plumber License Number.
3M.	Installer/Plumber Email Address	Installer or plumber email address for future correspondence.
3N.	Telephone	Telephone number of the installer or plumber.
3O.	Fax	Fax number of the installer or plumber.
3P.	Company Name	Name of the company the installer or plumber is employed with.
3Q-3T.	Installer’s Address	Complete business address information of the installer or plumber.
4A.	Is Tax Exempt Property	Is the premise where boiler is located tax exempted as per Department of Finance, then select yes. Also, upload the DOF document.
4B.	Is Government Owned Property	Is the premise where boiler is located owned by a Government agency, then select yes.
4C.	Agency Name	If selected “yes” then provide the government agency that owns the premise.
5A.	Chimney	Select “New” if it’s a new chimney and “Existing” if it’s an existing chimney.
5B.	Chimney Height (feet)	The distance from the centerline of the entrance of the combustion gases into the chimney to the top of the chimney.
5C.	Inside Dimension at Outlet (inches)	Specify inside dimension of chimney outlet in inches.
5D.	Radial Distance Above (feet)	The minimum radial distance from the centerline of the existing chimney to an acceptable receptor location, located at a height equal to or greater than the chimney outlet in feet.



8J.	Gross Firing Rate (GPH or CFH)	Provide boiler gross firing rate (GFR) in gallons per hour or cubic feet per hour. For new boilers, the GFR of the boiler shall be required to produce the GFR based on the manufacturer data. The GFR in gallons per hour for an existing boiler shall be determined by multiplying the gross output by $9.52 \times 10^{-6}$
8K.	Additional Combustion Equipment on Chimney or in Boiler Room	<p>Check “Yes” if other combustion equipment is operated in the same room or is attached to the same chimney, as the filed equipment. Show other equipment on plans: Identify other boiler/ incinerator/ burner etc.; manufacturer’s name and model number (s), source emission numbers, draft controls, firing rates, ventilation, and all pertinent details.</p> <p>Check “No” if no other combustion equipment exists in same boiler room or on same chimney.</p>
8L.	Automatic Pressure Device to Maintain Boiler Steam Pressure	Indicate manufacturer’s name and complete catalog number of device. Indicate minimum pressure setting in pounds per square inch.
8M.	Automatic Temperature Device to Maintain Boiler Water Pressure	Indicate manufacturer’s name and complete catalog number of device. Indicate minimum temperature setting in degrees Fahrenheit.
8N.	Lead Lag System	Enter “Yes” if multiple boilers covering the same load are Employed. Enter “No” if single boiler covers entire load or each boiler carries a distinct load.
8O.	Lead Lag System Make & Model	Supply manufacturer’s name and complete model number for a lead lag system.
8P.	Types of Load on Boiler	Check appropriate loads. For residential select either Space Heating or Domestic Hot Water and for Commercial select either Air Conditioning or Process.
8Q.	Is it a Condensing Boiler?	Select “Yes” if the boiler is condensing unit and “No” if it is not.
8R.	Is the Boiler Part of Cogeneration Unit?	Select “Yes” if the boiler is part of cogeneration unit and “No” if it is not.
	Is this burner on the DEP Accepted Equipment List?	Select “Yes” if the burner is accepted. Select “No” if the burner is not accepted. Please check to see if this burner is on the Department Accepted Equipment List and complete an equipment certification form if “No” is selected.
	Is this boiler/burner assembly on the DEP Accepted Equipment List?	Select “Yes” if the assembly is accepted. Select “No” if the assembly is not accepted. Please check to see if this assembly is on the Department Accepted Equipment List and complete an equipment certification form if “No” is selected.
9A.	Burner Make	Specify the name of the manufacturer of the burner.
9B.	Burner Model Number	Specify burner manufacturer’s model number.
9C.	Number of Burners	Specify the total number of the burners mounted on each boiler being filed for on the same application. All burners on a single application must be identical.
9D.	Burner Status	Check “new” or “existing” accordingly.

9E.	Burner Type	Specify the type of burner used (for dual fuel installations, select the oil atomizer):  Oil- Atomizers Pressure atomized burner Steam atomized burner Air atomized burner Rotary cup burners Sonic atomizers Other oil atomization burners  Natural Gas Atmospheric gas burner Natural draft power gas burner Forced draft power gas burner Other natural gas types
9F.	Unit Heat Input (Million BTU/Hr)	Maximum Fuel Delivery Rate (MFDR)*140,000 BTU/Hr for fuel oil and MFDR*1000 BTU/Hr for natural gas.
9G.	Maximum Fuel Delivery Rate (GPH or CFH)	Select GPH if fuel is oil used and CFH if its natural gas only. For dual fuel installations, use the maximum fuel delivery rate of the fuel oil. The maximum fuel delivery rate to the burner nozzle shall be 80 to 110% of the boiler's gross output firing rate. Specify units used.
10A.	Fuel Type 1	Select the type of fuel burned or to be burned: No. 2 Fuel Oil Natural Gas Other
10B.	Hours Per Day	Average number of hours per day burner is or will be operating for fuel type 1.
10C.	Days Per Year	Average number of days per year burner is or will be in operation.
10D.	Max. Quantity Per Hour	Maximum quantity of fuel burned per hour in gallons for oil or cubic feet for gas during normal heating season.
10E.	Quantity Per Year	Total quantity of fuel burned per year in gallons for oil or cubic feet for gas.
11A.	Fuel Type 2	Select the type of fuel burned or to be burned: No. 2 Fuel Oil Natural Gas Other
11B.	Hours Per Day	Average number of hours per day burner is or will be operating for fuel type 2.
11C.	Days Per Year	Average number of days per year burner is or will be in operation.
11D.	Max. Quantity Per Hour	Maximum quantity of fuel burned per hour in gallons for oil or cubic feet for gas during normal heating season.
11E.	Quantity Per Year	Total quantity of fuel burned per year in gallons for oil or cubic feet for gas.
12.	Burner Limitation Details	Specify burner limitation details.

Is this Modulating Motor on the DEP Accepted Equipment List?	Select "Yes" if the control is accepted. Select "No" if the control is not accepted. Please check to see if this control is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required .
Is this Firing Rate Control on the DEP Accepted Equipment List?	Select "Yes" if the control is accepted. Select "No" if the control is not accepted. Please check to see if this control is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required.
13A. Combustion Control Type	Select the type of combustion control type to be used: 1. Combustion On-Off 2. Low-High-Off with Low Fire Start 3. Low-High-Low-Off with Proven Low Fire Start 4. Full Modulation with Proven Low Fire Start
13B. Modulating Motor Make	Submit manufacturer's name and complete model number.
13C. Modulating Motor Model Number	(Provide information for type 2, 3, &4)
13D. Firing Rate Control Make	Submit manufacturer's name and complete model number.
13E. Firing Rate Control Model Number	(Provide information for type 3 & 4)
Is the Power Operated Draft Regulator (PODR) on the DEP Accepted Equipment List?	Select "Yes" if the equipment is accepted. Select "No" if the equipment is not accepted. Please check to see if this equipment is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required.
Is the Smoke Alarm on the DEP Accepted Equipment List?	Select "Yes" if the equipment is accepted. Select "No" if the equipment is not accepted. Please check to see if this equipment is on the Department Accepted Equipment List and complete an equipment certification form if "No" is selected. Select "N/A" if not in use or not required.
14A- 14D Intake Ventilation Fan(s)	Indicate "Yes" or "No". If yes, please specify the manufacturer's name and model with capacity of the fan .
14E- Exhaust Fan in Boiler Room 14H.	Indicate "Yes" or "No" If yes, please specify the Manufacturer's name and model with capacity of the fan .
14I. Louvered Opening	Indicate whether an open louver will be utilized to provide combustion air.
14J. Fixed or Motorized	Indicate whether it is open or motorized louver. Motorized louvers are required for boilers with a gross output firing rate of 7.0 million BTU/hr or greater.
14K. Gross Area (Square Inches)	Specify the gross area in square inches.
14L. Efficiency %	Indicate the percent efficiency. When the actual louver efficiency is unknown, the efficiency shall be taken as 60 percent for a fixed louver and 100 percent for a motorized louver.
14M. Net Area (Square Inches)	Specify the net area in square inches. The net free area shall be 86 square inches for every one million BTU/hr based on the maximum heat input rating.

14N.	Ventilation Duct	If ventilation duct (s) is (are) used, indicate “yes” and state if ducts (s) is (are) “new” (to be installed with this application) or “Existing” (already installed on a previous application).
15A.	Barometric Damper	If barometric damper is to be used, select “Yes”. If another form of draft control is used, select “No”.
15B.	Nominal Size (inches)	If barometric damper installed then specify its diameter in Inches (must be as large as the breeching diameter).
15C.	Nominal Area (square inches)	If barometric damper installed then specify its area in square inches.
15D.	Power Operated Draft Regulator	If power operated draft regulator (PODR) is used, enter “Yes” and the original manufacturer and complete catalog number of basic unit and low draft switch. If the low draft switch is manufactured by a different company than the draft regulator, submit the complete manufacturer’s name and catalog number of the switch.
15E.	MFR	Provide PODR manufacturer.
15F.	CAT No.	Provide PODR catalog number.
16A.	Do you have Smoke Alarm?	If smoke alarm is required, enter “Yes”. A smoke alarm is required for all oil-fired installations and only for temperature controlled dual-fuel systems 4.2 million BTU/hr and greater.
16B.	Smoke Alarm Manufacturer	If smoke alarm is required, specify the manufacturer’s name and catalog number.
17A.	Control Equipment Status	If emission control equipment is used select “Yes”. If no emission control equipment is used, select “No”.
17B.	Type of Pollutant Controlled	Select: Oxides of Nitrogen (NO <sub>x</sub> ), Carbon Monoxide (CO), and/or Particulate Matter (PM).
17C.	Type of Control.	Describe control (i.e, low NO <sub>x</sub> burners, flue gas recirculation, selective catalytic reduction (SCR)) and Manufacturer’s make/model number.
17D.	% Removal	Specify the percent (%) removed from control.
18A.	Emission Factors	Provide emission factors in pound of contaminant per million BTU.
18B.	How Determined	Provide how emission factors determined (i.e, Manufacturer Data, USEPA AP-42, Source Testing, Other)
18C.	Maximum Hourly Emissions (lbs/hr)	Provide maximum hourly emissions using emissions factors and maximum quantity per hour.
18D.	Annual Emissions (lbs/yr)	Provide annual emissions using emission factors and maximum quantity per year.
Additional Combustion Equipment in Facility (or boiler room)		Provide all combustion equipment in Facility. Include Installation No., Description, Manufacturer/Model and Heat Input (Btu/hr)



**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
 Bureau of Environmental Compliance  
 59-17 Junction Boulevard, 9th Floor, Flushing, New York 11373-5107  
 Records Control (718) 595-3855  
**ENGINEERING FEES**

Rev 07/11

REFER TO NYC ADMINISTRATIVE CODE, TITLE 24, AIR POLLUTION CONTROL CODE, FOR EXACT FEE STRUCTURE AND FILING REQUIREMENTS.

**SCHEDULE A**

GROSS INPUT RATING OR DESIGNED FUEL CONSUMPTION RATING IN MILLIONS OF BTU/HR:

#4 OR #6 FUEL OIL & SOLID FUELS	#2 FUEL OIL & NATURAL GAS	
	LESS THAN 2.8 SEE REGISTRATIONS	
1.0 TO LESS THAN 4.2	2.8 TO LESS THAN 10	\$ 345.00
4.2 TO LESS THAN 7.0	10 TO LESS THAN 20	\$ 470.00
7.0 TO LESS THAN 14.0	20 TO LESS THAN 35	\$ 595.00
14.0 TO LESS THAN 21.0	35 TO LESS THAN 50	\$ 700.00
21.0 TO LESS THAN 28.0	50 TO LESS THAN 70	\$ 830.00
28.0 TO LESS THAN 35.0	70 TO LESS THAN 100	\$ 940.00
35.0 TO LESS THAN 42.0	100 TO LESS THAN 140	\$ 1440.00
42.0 OR GREATER	140 OR GREATER	\$ 1440.00 + \$125*

WORK PERMITS, INITIAL INSPECTION, REINSPECTION, RENEWALS...100% OF FEE

\*\$125 FOR EACH ADDITIONAL 10 MILLION BTU/HR OR FRACTION THEREOF

**AMENDMENTS**

**REGISTRATION**

DUE TO UNACCEPTABLE DESIGN .....50% OF FEE

FOR EQUIPMENT IN THE AGGREGATE FEEDING INTO A COMMON EMISSION POINT:

PRIOR TO ISSUANCE OF C/O .....10% OF FEE

350,000 TO LESS THAN 1,000,000 BTU/HR.....\$110

INCOMPLETE APPLICATION.....\$95

1,000,000 TO LESS THAN 2.8 MILLION BTU/HR.....\$190

OTHER AMENDMENTS .....\$65

**OTHER REGISTRATIONS:**

REINSTATE CANCELLED PERMIT .....100% OF FEE

DEMOLITION (MINIMUM).....\$250

**AFFIDAVITS**

SPRAYING (MINIMUM).....\$250

ISSUANCE OF CERTIFICATE ON BASIS OF NOTARIZED AFFIDAVIT AFTER MINOR DISAPPROVAL 50% OF FEE.

**ADMINISTRATIVE FEES**

**SCHEDULE C**

COPY OF CERTIFICATE OF OPERATION/REGISTRATION .....\$10

FEES FOR EQUIPMENT OTHER THAN FUEL BURNING OR REFUSE BURNING EQUIPMENT (PROCESS EQUIPMENT)

COPY OF OTHER DOCUMENTS, FIRST PAGE.....\$6

ADDITIONAL PAGES OF SAME DOCUMENT.....\$2

SEARCH OF PREMISE ADDRESS, EACH PREMISE.....\$30

**EMISSION IN CFM**

**ENVIRONMENTAL RATING**

CERTIFICATE OF INSTRUCTION.....\$25

CERTIFICATE OF INSTRUCTION REPLACEMENT COPY.....\$6

	D	C	B	A
5,000 OR LESS	\$200	\$250	\$280	\$315
5,001 THRU 20,000	\$375	\$470	\$525	\$590
20,001 THRU 50,000	\$565	\$700	\$795	\$875
50,001 THRU 100,000	\$750	\$940	\$1060	\$1175
100,001 OR MORE	\$1125	\$1405	\$1580	\$1750

If **Fee Exempt**, please provide proof of exemption. Acceptable proofs are:

- A current property assessment printout indicating 100% tax exemption of the property. This printout is to be prepared by the Department of Finance. You can obtain more information about how to obtain a property assessment report from the Department of Finance website on [www.nyc.gov](http://www.nyc.gov).
- A letter from the State Department indicating exemption by treaty.
- A letter from the United Nations indicating exemption from the laws of the United States.