



Issuance # 492

DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES
60 HUDSON STREET, NEW YORK, N.Y. 10013

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Technical Affairs/Operations
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OPERATIONS
POLICY & PROCEDURE NOTICE 16/95

TO: Distribution
FROM: Richard Visconti, R.A. *RV*
DATE: December 21, 1995
SUBJECT: Certification of Removed Boiler and Existing Boiler.

SUPERSEDES: OPPN #12/95.

PURPOSE: To establish a procedure to allow qualified boiler inspectors, professional engineers, or registered architects to certify that a boiler has been removed or disconnected or to certify the number of existing boilers at a premise.

SPECIFICS: The Department will accept an affidavit from the qualified boiler inspectors listed below certifying a removed or disconnected boiler or the number of active boilers at a premise. The enclosed copy of the affidavit, Form OP-49 (Self-Certification of Removed or Existing Boiler), must be completed and submitted by the inspector, engineer, or architect.

The following individuals are qualified to complete the affidavit:

1. New York City Licensed Master Plumbers
2. New York City Licensed High Pressure Boiler Operators
3. New York City Licensed Oil Burner Equipment Installers
4. New York State Authorized Insurance Companies
5. New York State Licensed Professional Engineer
6. New York State Registered Architect

Spot-check inspections will be performed by the Boiler Division for verification. If upon the spot-check inspection, the Department discovers a discrepancy in the number of boilers reported on the affidavit and the number of boilers witnessed, then the Department will issue a violation to the building owner and refer the report to the Investigations, Audits and Discipline Unit (IAD) with respect to the veracity of the affidavit.



SELF-CERTIFICATION OF REMOVED OR EXISTING BOILER

This form must be filed within thirty (30) days after the
boiler is removed or disconnected.

For Office Use Only

1. Premise Address			
Borough	Block	Lot(s)	Apt / Condo No(s).
House No(s).	Street Name		Floor(s)
Special Place Name		AKA Address	
2. Building Occupancy			
<input type="checkbox"/> Multiple Dwelling	<input type="checkbox"/> Commercial	<input type="checkbox"/> Mixed-Use	Total Number of Units (residential or commercial):
3. Authorized Boiler Inspector or New York State Professional Engineer or Registered Architect			
Name		License No.	
Address		City	State Zip
Contact Person		Business Phone ()	
<input type="checkbox"/>	Oil Burner Equipment Installer	<input type="checkbox"/>	New York State Licensed Professional Engineer
<input type="checkbox"/>	Master Plumber	<input type="checkbox"/>	New York State Registered Architect
<input type="checkbox"/>	High Pressure Boiler Operator	<input type="checkbox"/>	Authorized Insurance Company
4. Boiler Insurance Company			
(Fill out this section only if an insurance company performed the inspection.)			
Insurance Company			
Address		City	State Zip
Contact Person		Business Phone ()	
Name of Policy Holder			
Address		City	State Zip
Certificate / Policy No.		Expiration Date	
5. Inspector's / Boiler Insurance Company's Statement			
A. I attest that the following boiler number(s) is(are) the only existing boiler(s) at this premise. Please correct your records.			
Existing boiler and serial number(s) :		Date observed :	
Total number of existing boilers :			
<input type="checkbox"/>	Check here if the boilers listed in Part 5A heat individual residential units and are each 100,000 BTU or less.		
(Fill out the following section if boilers were removed or disconnected.)			
B. I attest that the following boiler number(s) was(were) removed or disconnected from the premise. Please void the boiler number(s) from your records.			
Removed or disconnected boiler and serial number(s) :		Date observed :	
Total number of boilers removed or disconnected :			
I understand that the falsification of any statement is a misdemeanor under Section 26-124 of the Administrative code punishable by a fine or imprisonment or both and may result in the removal from participation in the self-certification program and/or disciplinary action by the Department of Buildings.			
Licensed Inspector's, Engineer's, or Architect's Name or the Insurance Company's Authorized Representative's or Officer's Name (Print) :			
Signature		Date	
Master Plumber's, Oil Burner Installer's, Engineer's, or Architect's Seal		Office Use Only - Double Check	
		Inspector's Name	
		Signature	Date
		Badge No.	
		Status	
Mail to : N.Y.C. Department of Buildings, Boiler Division, 60 Hudson Street, 14th Floor, New York, New York 10013.			