

Boiler Permit Application
 Michigan Department of Labor & Economic Growth
 Bureau of Construction Codes / Boiler Division
 P.O. Box 30255, Lansing, MI 48909
 517-241-9334
 www.michigan.gov/bcc

Authority: 1965 PA 290 Completion: Mandatory Penalty: Permit will not be issued	The Department of Labor and Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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IMPORTANT: Submit original and 2 copies of this application.

INSTALLATIONS: Provide a drawing showing clearance dimensions around boiler on the back side of this application and/or an attached sketch.
REPAIRS: Describe in detail the repair and/or provide a sketch of repair on the back side of this application.

This application, when approved by the Boiler Division, shall serve as a permit to install, repair, field erect, or alter this boiler or piping as described on the application. Enclose a check or money order made payable to the **State of Michigan**. Mail completed application and payment to the address listed above.

PERMIT FEE

\$75.00 (NONREFUNDABLE)	
<input type="checkbox"/> INSTALL LOW PRESSURE BOILER	<input type="checkbox"/> REPAIR
<input type="checkbox"/> ALTER	
HIGH PRESSURE - \$120.00 + .05 PER FOOT OF PIPING (NONREFUNDABLE)	
<input type="checkbox"/> INSTALL HP BOILER AND B31.1 PIPING _____ (PIPING FOOTAGE)	<input type="checkbox"/> INSTALL HP BOILER
<input type="checkbox"/> HP PIPING B31.1 _____ (PIPING FOOTAGE)	<input type="checkbox"/> FIELD ERECT BOILER

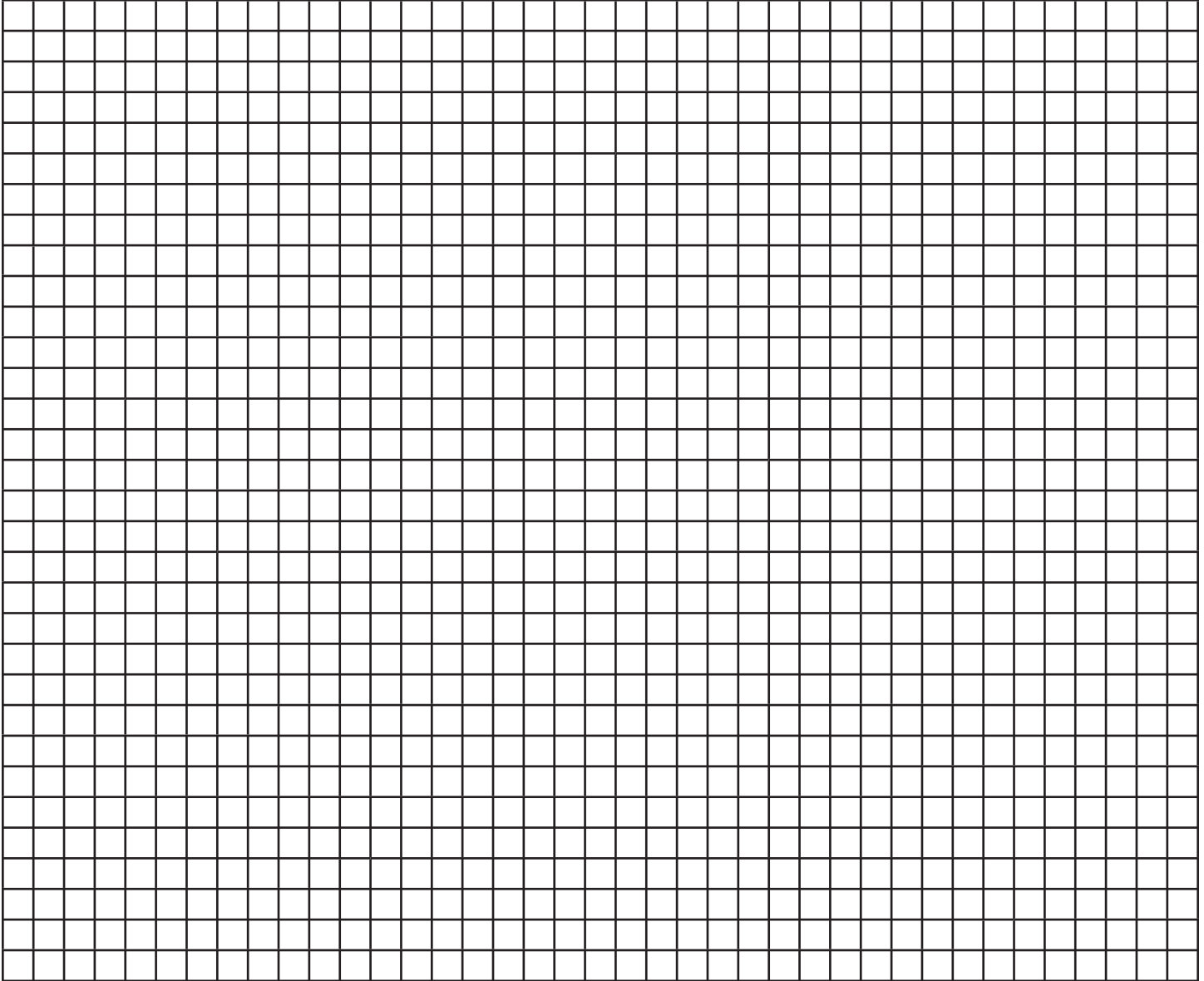
LICENSED INSTALLER / REPAIRER'S NAME			APPLICATION DATE		
COMPANY NAME			LICENSE NUMBER	CLASS	EXPIRATION DATE
ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
OWNER / USER'S NAME			CONTACT PERSON		TELEPHONE NUMBER (Include Area Code)
ADDRESS	CITY	STATE	ZIP CODE	OFFICE USE ONLY - INSPECTOR	
BOILER LOCATION ADDRESS (If different than owner/user)	CITY	STATE	ZIP CODE	OFFICE USE ONLY - INSPECTOR NUMBER	
NATURE OF BUSINESS			COUNTY		

USE			CONSTRUCTION				
<input type="checkbox"/> POWER	<input type="checkbox"/> PROCESS	<input type="checkbox"/> STEAM HEATING	<input type="checkbox"/> HWH	<input type="checkbox"/> HWS	<input type="checkbox"/> WELDED	<input type="checkbox"/> RIVETED	<input type="checkbox"/> MECHANICALLY ASSEMBLED
TYPE							
<input type="checkbox"/> FIRE TUBE	<input type="checkbox"/> WATER TUBE	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> CAST	<input type="checkbox"/> OTHER _____			
NATIONAL BOARD "R" CERTIFICATE NUMBER		EXPIRATION DATE	REPAIR OR USED BOILER	MICHIGAN BOILER NUMBER			
				M M			
REPAIR (162)			INSTALLATION (161)				
DATE OF REPAIR / ALTERATION	WPS		BOILER SIZE IN		ASME STANDARD		
					<input type="checkbox"/> YES <input type="checkbox"/> NO		
MAWP	HYDRO TEST PRESSURE		LBS / STEAM HR _____		MAXIMUM PRESSURE		
			BTU / HR INPUT _____				
LICENSED INSPECTOR			MANUFACTURER		PREVIOUS MICHIGAN BOILER NUMBER		
					M M		
LICENSED INSPECTOR'S EMPLOYER			DATE READY FOR INSPECTION				
PROPOSED ALTERATION SUBMITTED FOR REVIEW		DATE					

ORIGINAL SIGNATURE OF LICENSED INSTALLER / REPAIRER	DATE

DESCRIPTION OF REPAIR (Provide sketch below, if necessary)

CLEARANCE DRAWING GRAPH OR REPAIR SKETCH



OFFICE USE ONLY