



MISSOURI DIVISION OF FIRE SAFETY  
**BOILER & PRESSURE VESSEL UNIT**  
 P.O. BOX 844  
 JEFFERSON CITY, MO 65102  
 573-751-8709  
 FAX: 573-526-5971  
 julie.carey@dfs.dps.mo.gov

OFFICE USE ONLY		
PERMIT # ASSIGNED	DATE ASSIGNED	DATE COMPLETED
MO #'S ASSIGNED		

**APPLICATION FOR BOILER OR PRESSURE VESSEL INSTALLATION PERMIT**

*When applying for multiple installations at one installation site, only one application is required*

**Completed Application with appropriate fees can be mailed to address above.** Applications received without payment will be issued an invoice.

YOUR PROJECT NUMBER OR IDENTIFICATION NUMBER:					
NUMBER OF BOILERS/FIRED PRESSURE VESSELS TO BE INSTALLED Attachment A must be completed for each unit to be installed					
NUMBER OF UNFIRED PRESSURE VESSELS TO BE INSTALLED Attachment B must be completed for each unit to be installed					
ESTIMATED INSTALLATION START DATE:			ESTIMATED COMPLETION DATE:		
HOW WOULD YOU PREFER TO RECEIVE YOUR PERMIT: FAX <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> EMAIL ADDRESS:					
LOCATION ADDRESS					
NAME					PHONE NUMBER
ADDRESS		CITY	STATE	ZIP	COUNTY
CONTACT NAME			PHONE NUMBER	FAX NUMBER	
IS THIS BUSINESS COVERED BY AN INSURANCE INSPECTOR? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>					
INSURERS NAME					
TYPE OF BUSINESS					
OWNER ADDRESS <input type="checkbox"/> SAME AS LOCATION					
NAME					PHONE NUMBER
ADDRESS		CITY	STATE	ZIP	
CONTACT NAME			PHONE NUMBER	FAX NUMBER	
BILLING ADDRESS <input type="checkbox"/> SAME AS LOCATION <input type="checkbox"/> SAME AS OWNER					
NAME					PHONE NUMBER
ADDRESS		CITY	STATE	ZIP	
CONTACT NAME			PHONE NUMBER	FAX NUMBER	
INSTALLER INFORMATION					
NAME					PHONE NUMBER
ADDRESS		CITY	STATE	ZIP	
CONTACT NAME			PHONE NUMBER	FAX NUMBER	

**INVOICE WILL BE ISSUED WITHIN TWO WEEKS OF RECEIPT OF APPLICATION**

**ATTACHMENT A**  
**BOILER & FIRED PRESSURE VESSEL INSTALLATION PERMIT**

VESSEL NUMBER      OF

★ INDICATES REQUIRED FIELD – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

★ 1 PERMIT ACTION APPLYING FOR: (CHECK ALL THAT APPLY) Reference 11 CSR 40-2.010

New Installation       Second Hand Installation       Re-Installation       Emergency Installation

★ 2 CATEGORY OF BOILER/FIRED PRESSURE VESSEL TO BE INSTALLED

High Pressure Steam       High Pressure – High Temp Hot Water       Low Pressure Steam       Hot Water Boiler       Fire Storage Water Heater       Pool Heater

★ 3 USE OF BOILER/FIRED PRESSURE VESSEL TO BE INSTALLED

Steam Heating       Hot Water Heating       Hot Water Supply       Manufacturing Process       Potable Water       Other

★ 4 ASME STAMP OF VESSEL TO BE INSTALLED

U     UM     H     H (CAST IRON)     HLW     S     M     E

★ 5 Max. Burner Input

Unit of Measure: BTU/hr     PPH     Kw/hr

★ 6 MANUFACTURER'S DATA REPORT: Reference 11 CSR 40-2.061

ATTACHED       Supplied at time of inspection

MAWP of Vessel to be Installed

★ 7 PLANT LOCATION, EXITS AND VENTILATION: Reference 11 CSR 40-2.030 and 11 CSR 40-2.040

Location in Plant:      Size of Room (sq. ft.):      Number of Exits:  
 Room Ventilation Louver Size (sq/ft)      Combustion Air Louver Size (sq/ft)

★ 8 CLEARANCE: Reference 11 CSR 40-2.030 and 11 CSR 40-2.040

Clearance Measurements from Point/Obstruction to Vessel: (Signify in Feet and/or Inches)

Overhead:      Front:      Rear:      Right Side:      Left Side:

9 VESSEL DIMENSIONS: Reference 11 CSR 40-2.030 and 11 CSR 40-2.040

Signify in Feet and/or Inches

Diameter:      Length:      Width:      ★ Height (from floor including foundations):

10 CONTROLS AND SAFETY DEVICES INFORMATION

Attached Separately       Supplied at Time of Inspection

a) Boiler Heating Surface (sq.ft.)      Fired Storage Water Heaters Volume (gallons)

b) Fuel Type:  Gas-Natural     Gas-LP     Oil     Electric     Wood     Waste     Coal     Other

c) Firing Method:  Forced Draft     Atmospheric     Element     Auger     Stoker     Other

d) Low Water Fuel Cut-Off (#)      Pressure Controls (#)      Temperature Controls (#)

e) Pressure / Temperature Gauge / Thermometer Installed:

f) Safety Valves: Number      Total Capacity:

#1	#2	#3
Size    Set Pressure    Capacity	Size    Set Pressure    Capacity	Size    Set Pressure    Capacity

11 ELECTRICAL

Remote Emergency Shutdown(s) Installed:  Yes     No     N/A

Power Disconnect (Lockout) Installed:  Yes     No     N/A

**FOR OFFICIAL USE ONLY**

Permit Number Assigned

Date Issued

Approved By **Tim Boggs**  
**Chief Inspector**

Approved for Installation     Yes     No     Approved with Additional Requirements as noted on permit

REVISED 5/2019

**PLEASE ALLOW 30 DAYS FROM RECEIPT OF PAYMENT FOR PERMIT PROCESSING**

