



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

| OFFICE USE ONLY   |               |                |               |
|-------------------|---------------|----------------|---------------|
| PERMIT # ASSIGNED | DATE ASSIGNED | DATE COMPLETED | MO # 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 must be mailed to address above. Applications will not be processed until all fees are paid.**

|                                                                                                                                           |                                  |                                                              |                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------|------------------------------------------------|
| 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:                                   |                                                |
| SPECIFY HOW YOU PREFER TO RECEIVE YOUR PERMIT                                                                                             | <input type="checkbox"/> US MAIL | <input type="checkbox"/> FAX NUMBER                          | <input type="checkbox"/> EMAIL (PRINT CLEARLY) |
| <b>LOCATION ADDRESS</b>                                                                                                                   |                                  |                                                              |                                                |
| 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                                                                                                                          |                                  |                                                              |                                                |
| <b>OWNER ADDRESS</b> <input type="checkbox"/> SAME AS LOCATION                                                                            |                                  |                                                              |                                                |
| NAME                                                                                                                                      |                                  |                                                              | PHONE NUMBER                                   |
| ADDRESS                                                                                                                                   | CITY                             | STATE                                                        | ZIP                                            |
| CONTACT NAME                                                                                                                              |                                  | PHONE NUMBER                                                 | FAX NUMBER                                     |
| <b>BILLING ADDRESS</b> <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                                     |
| <b>INSTALLER INFORMATION</b>                                                                                                              |                                  |                                                              |                                                |
| NAME                                                                                                                                      |                                  |                                                              | PHONE NUMBER                                   |
| ADDRESS                                                                                                                                   | CITY                             | STATE                                                        | ZIP                                            |
| CONTACT NAME                                                                                                                              |                                  | PHONE NUMBER                                                 | FAX NUMBER                                     |



**ATTACHMENT B**

**UNFIRED 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 USE OF PRESSURE VESSEL TO BE INSTALLED

Maximum Allowable Working Pressure (MAWP) of Vessel to be installed

★ 3 ASME STAMP OF VESSEL TO BE INSTALLED

U       UM       HLW       S

Location in Plant

MANUFACTURER'S DATA REPORT: Reference 11 CSR 40-2.061       Attached       Supplied at time of inspection

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

Vessel installed with adequate clearance on all sides and top to facilitate repair, maintenance and inspection:  Yes       No

5 VESSEL DIMENSIONS: Signify in Feet and/or Inches - Reference 11 CSR 40-2.030 and 11 CSR 40-2.040

Diameter                      Length                      Width                      Height (from floor including foundations)

★ 6 VESSEL CAPACITY:                      Gallons/Cu.Ft.

7 ENERGY SOURCE:

8 TOTAL INPUT:                      Unit of Measurement:  Btu/hr       PPH       Kw/hr       SCFM       HP

9 SAFETY VALVES: Number                      Total Capacity

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

**FOR OFFICIAL USE ONLY**

Permit Number Assigned

Issue Date

Approved By **Gary L. Scribner**  
Chief Inspector

Approved for Installation       Yes       No       With Additional Requirements

ADDITIONAL INFORMATION REQUIRED / ADDITIONAL REQUIREMENTS

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