



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 #'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 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

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

★ 4 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

★ 5 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

6 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)

★ 7 VESSEL CAPACITY: Gallons/Cu.Ft.

8 ENERGY SOURCE:

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

10 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 **Joe Brockman**
Chief Inspector
Approved for Installation Yes No With Additional Requirements as noted on permit.

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

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

★ 4 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

★ 5 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

6 VESSEL DIMENSIONS: Signify in Feet and/or Inches - Reference 11 CSR 40-2.030 and 11 CSR 40-2.040
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★ 7 VESSEL CAPACITY: Gallons/Cu.Ft.

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

10 SAFETY VALVES: Number	Total Capacity	
#1	#2	#3
Size Set Pressure Capacity	Size Set Pressure Capacity	Size Set Pressure Capacity

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Permit Number Assigned Issue Date Approved By **Joe Brockman**
Chief Inspector
Approved for Installation Yes No With Additional Requirements as noted on permit.

PLEASE ALLOW 30 DAYS FROM RECEIPT OF PAYMENT FOR PERMIT PROCESSING