



MISSOURI DIVISION OF FIRE SAFETY
BOILER & PRESSURE VESSEL UNIT
 P.O. BOX 844
 JEFFERSON CITY, MO 65102
 573-751-2930 FAX: 573-751-1744

APPLICATION FOR VARIANCE

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

DATE	STATE ID / VARIANCE #	BOARD APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO
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OWNER NAME	OWNER ADDRESS	OWNER CITY, STATE, ZIP
BILLING NAME (IF DIFFERENT FROM OWNER)	BILLING ADDRESS	BILLING CITY, STATE, ZIP
LOCATION NAME	LOCATION ADDRESS	LOCATION CITY, STATE, ZIP
LOCATION COUNTY	LOCATION PHONE	NUMBER OF UNITS AT LOCATION

ACTIVITY	TYPE OF EQUIPMENT	BUILDING USAGE
NEW INSTALLATION	WT BOILER (STM)	OFFICE/GOVT BUILDING
ALTERATION	FT BOILER (STM)	HOSPITAL/INSTITUTIONAL
MAJOR ALTERATION	FTFB BOILER (STM)	CHURCH/RELIGIOUS
INITIAL INSPECTION	CAST IRON BOILER (STM)	COMMERCIAL/INDUSTRIAL
ANNUAL INSPECTION	WT BOILER (HWH)	RETAIL
REINSPECTION	FT BOILER (HWH)	SCHOOL/LIBRARY/EDUCATIONAL
OTHER	FTFB BOILER (HWH)	PARKING GARAGE
	CI BOILER (HWH)	MULTI/FAMILY RESIDENCE
	FSWH (HOT WTR HTR)	MOTEL/HOTEL
	RECEIVER (AIR OR OTHER)	BANK
	OTHER	NURSING/RETIREMENT HOME
		OTHER

MANUFACTURER	DATE INSTALLED	SERIAL NUMBER	CAPACITY	SV CAPACITY
FUEL TYPE	FIRING METHOD	SPECIFIC LOCATION	LAST INSPECTION DATE	VOLUME/HTG SURFACE

DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)	COMPLIANCE DATE
WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED	

SIGNATURE OF CONTACT PERSON AT LOCATION	INSPECTOR SIGNATURE
PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION	INSPECTOR STATE ID