



Washington State Department of
Labor & Industries

Boiler Section
PO Box 44410
Olympia WA 98504-4410
Phone: 360-902-6400
Email: Boiler@Lni.wa.gov
www.Lni.wa.gov

Boiler/Pressure Vessel/Water Heater Installation or Reinstallation Permit

**Submit one permit for each object installed.
Installer responsible for permit fee of \$74.00**

For L&I Use Only – Permit Number(s): _____ Invoice Number: _____

Section A. Installer applying for permit completes this section only.

1. Installer Permit Billing Info	2. Owner	3. Location of Installation
Name	Name	Name
Street Address	Street Address	Street Address
City, State, Zip Code	City, State, Zip Code	City, State, Zip Code
Contact Name/Title	Contact Name/Title	Contact Name/Title
Office Number	Phone Number	Phone Number
Cell Number	Cell Number	Cell Number
Email Address	Email Address	Email Address
4. Contractor Registration #	5. Type — <input type="checkbox"/> Boiler <input type="checkbox"/> Pressure Vessel <input type="checkbox"/> Water Heater	6. Location in Building
<p>By submitting this form electronically, I certify that I will perform the work described above in accordance with: Boiler and Unfired Pressure Vessel Laws RCW 70.79 and WAC 296 Chapter 104. Permit shall be posted on or near the object.</p>		
7. Installer Name		

Section B. L&I Boiler Section Use Only

Date Permit Issued	Assigned Inspector	Authorized Inspection Agency
Phone Number	Verified By	
Comments/Special Instructions		

Section C. Assigned Inspector Use Only

Jurisdiction #		Date of Inspection		Inspection Type <input type="checkbox"/> Ext <input type="checkbox"/> Int		Issue Cert. <input type="checkbox"/> Yes <input type="checkbox"/> No		NCR <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate Duration <input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo	
Manufacturer				National Board #		Serial/Other Number			ASME/Other Symbol		
Specific Location of Object						Type of Object					
Fuel Type		Input (BTU/KW)		Year Build		Object Use					
MAWP	Max Temp	MDMT	Vessel Size (Sq Ft/HS)			Number of SV		SV Pressure		SV Capacity (units)	
Inspector's Name				Inspector's Signature & Date				WA Commission Number			
Comments:											

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