



COMMONWEALTH OF KENTUCKY
Public Protection Cabinet
Department of Housing, Buildings and Construction
DIVISION OF PLUMBING
Boiler Inspection Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
(502) 573-1708 Fax (502) 573-1058



OWNER FACILITY RENEWAL APPLICATION

Please type or print application. Answer all questions on this application.

A nonrefundable renewal fee of \$500 payable to Kentucky State Treasurer shall be submitted with this application.

1. **Name of Facility:** _____ **License #:** _____

Address: _____
 (Street, Route or Box Number)

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Name of Primary Contact: _____ **Title:** _____

E-Mail Address: _____ **Telephone:** (_____) _____ - _____

2. **List each owner's piping inspector and independent inspection agency retained by the applicant facility:**

<u>Name</u>	<u>License #</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*****(This list shall be updated and provided to the Boiler Inspection Section within thirty (30) days of a change)*****

3. **Attach proof that the facility has employees who hold, or retains a contractor who holds, a boiler and pressure vessel contractor license issued under KRS 236.210.**

4. **Attach proof of general liability insurance (current Certificate of Insurance for general liability through a company permitted to transact insurance in Kentucky). The Department of Housing, Buildings and Construction, Division of Plumbing, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5412 shall be listed as certificate holder.**

Applicant's Signature: _____ **Date:** _____

<u>For Office Use Only</u>	
Date Received	_____
Date Approved	_____
Check/Pmt #	_____
Date Issued	_____
Pending	_____
License # (if applicable)	_____

The applicant, by _____, being duly sworn, declares that the foregoing statements are true to the best of his/her knowledge and belief, and that he/she has personally signed this application.

Subscribed and sworn to before me on this the _____ day of _____, 20__.

Notary Public _____ My Commission expires: _____

