



160 East 300 South, 3<sup>rd</sup> Floor • PO Box 146620 • Salt Lake City, Utah 84114-6620 • (801) 530-6850

**SPECIAL DESIGN PLAN COVER SHEET**

Type of Equipment:    Boiler                      Pressure Vessel

Type of Request:        Repair                      Alteration              New Construction

This form must be filled out entirely; all available information must be provided. Incomplete requests will not be processed.

Requesting Organization:	Date:
Owner Contact Name and Title:	Mailing Address:
Owner Contact Phone:	
Owner/User Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, O/U Inspector Name:	

Location of Unit:	Company Designation:
	Location Address:

Current Utah Law Title 34A-7-101 and Rule 616-2-4 requires all boilers and pressure vessels operated within the state be constructed to the current ASME code and bear a National Board Registry Number.

The State of Utah Labor Commission, Division of Boiler and Elevator Safety is requiring that the owner or plant manager acknowledge via his/her signature that they are aware that unit referenced above is requesting approval of a special design plan provided for in the Utah Code Title 34A-7-102(2)(a)(b) and if so designated may not be issued a Certification of Inspection and Permit to Operate.

Owner/Plant Manager Title:	
Print Owner/Plant Manager Name:	
Signature:	
Date Signed:	

<input type="checkbox"/> Formal Request Letter	<input type="checkbox"/> Form U-1 or U-1A	<input type="checkbox"/> Inspection Reports
<input type="checkbox"/> Code Drawings	<input type="checkbox"/> Supporting Documentation	<input type="checkbox"/> Form P-2
<input type="checkbox"/> Form P-4A or P-4B	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

**FOR USE BY THE LABOR COMMISSION ONLY**

Special Design Plan Number:		Date Received:	
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Location:		
Contact Name and Title:	Address:	Phone:
Hydrostatic Testing:		
Witnessed by:	Others present:	Date:
Engineering Review:		
Conducted by:	Others participating:	Date:
Other Testing:		
Type of Testing:	Conducted by:	Witnessed by:
Other Testing:		
Type of Testing:	Conducted by:	Witnessed by:
Review Complete:		
Review Begin Date:	Plan Review Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Review Completion Date:


Reviewer	Recommendation	Signature	Date
<input type="checkbox"/> Boiler Inspector	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
<input type="checkbox"/> Deputy Division Director	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		
Final Disposition	<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove		

Division Director Signature

Date