

APPLICATION TO INSTALL Flammable/Combustible Liquid Aboveground Tanks



Flammable/Combustible Liquids:
 To install tanks for the storage of flammable or combustible liquids **above-ground in excess of 1,000 gallons** in either individual or aggregate quantities as specified in Oregon Fire Code Section 5701.6

Incomplete applications will automatically be rejected

DO NOT WRITE IN THIS AREA / OSFM USE ONLY

 BUSINESS NAME or LOCATIONS ON PREMISES KNOWN AS

Street Address _____ City _____ ZIP _____

Nearest Cross Street / Road _____ County _____

Flammable liquids have a flash point below 100 F. Total Fuel at Location (in Gal):
 Combustible liquids at or above 100 F

Flammable: _____ Flammable Combustible
 Qty in Gal _____

Combustible: _____ Check here if Plan Review for Generator(s)

Select Appropriate Response from Drop down

ALL INFORMATION MUST BE PROVIDED AND ALL NECESSARY SIGNATURES MUST BE OBTAINED

PLANNING-ZONING

▲ **PRINT** name of Planning/Zoning Official _____

Mailing Address of Planning/Zoning Official _____

OR

City, _____ State, _____ Zip Code _____ Telephone # _____

Email address _____

SIGNATURE of Planning/Zoning Official _____ Date _____

INSTALLER INFORMATION

▲ **PRINT** name of Company Installing Tank _____

Mailing Address _____

OR

City, _____ State _____ Zip Code _____ Telephone # _____

Email address _____

INFORMATION REQUIRED

Necessary cutsheets or specification, documents and drawings showing details of design and construction including support, structures, piping, valves, tank capacities, spill and drainage control, secondary containment, fire protection, physical protection and security.
Site plan showing distances from dispenser; tank distance to buildings, property lines, public way, and other tanks.
Show vehicle protection portable fire extinguisher location, and emergency shut off.
Include data sheets for fuel being stored.
ESP (Emergency Standby Power/Generators) List plan review quantity of generators, fuel capacity each and total AST (aboveground storage tanks) on site

FIRE DEPARTMENT

▲ **PRINT** Fire Department Name _____

Mailing Address of Fire Department _____

OR

City, _____ State, _____ Zip Code _____ Telephone # _____

Email address _____

SIGNATURE of Fire Chief or Fire Marshal _____ Date _____

APPLICANT INFORMATION

▲ **PRINT** name of Applicant Applying for Permit _____

Mailing Address of Applicant _____

City, State, Zip Code _____

Telephone Number _____

Email address _____

SIGNATURE of Applicant _____ Date _____

NOTE: It is the responsibility of the applicant to ensure that this installation shall be in full compliance with applicable statutes of the state of Oregon and any local codes and ordinances.