

# APPLICATION TO INSTALL Liquefied Petroleum Containers



## Liquefied Petroleum Gas:

To install a single container over 2,000 gallons water capacity or the aggregate capacity of containers over 4,000 gallons water capacity as specified in Oregon Fire Code Section 6101.3

**Incomplete applications will automatically be rejected**

DO NOT WRITE IN THIS AREA / OSFM USE ONLY

SELECT APPROPRIATE RESPONSE FROM DROP DOWN

- TYPE OF PROPERTY
- INSTALL TYPE
- TYPE OF TANK
- CERTIFICATION

BUSINESS NAME or LOCATIONS ON PREMISES KNOWN AS

Street Address City ZIP

Nearest Cross Street / Road

IS SITE IN A FLOOD PLAIN? Y N  
HIGH WATER TABLE? Y N

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

LIQUEFIED PETROLEUM GAS: \_\_\_\_\_ Quantity in gal

TOTAL ON SITE: \_\_\_\_\_ Quantity in gal

**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 OSFM Installer Lic #

\_\_\_\_\_ OR \_\_\_\_\_

City State Zip Code Telephone #

Email address

Date Payment Processed

**All applications to include:**

- \* \$100.00 plan review fee (Mail fee to: Oregon State Fire Marshal, Fire Life Safety Division, 3991 Fairview Industrial Dr SE, Salem OR 97302)
- \* Necessary specification or cutsheets, documents and drawings showing details of design and construction including:
  - Support, structures, piping, valves, tank capacities, spill and drainage control, secondary containment protection, physical protection and security.
  - Include a Fire Safety Analysis and a site plan showing point of transfer and tank distances from buildings, property lines, public ways and other tanks or hazards.



**FIRE DEPARTMENT**

▲ PRINT Fire Department (Agency 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

\_\_\_\_\_ OR \_\_\_\_\_

City State Zip Code Telephone #

Applicant Contact Person (same as telephone #)

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.**

Submit completed application packet to: [OSFM.ofc@osfm.oregon.gov](mailto:OSFM.ofc@osfm.oregon.gov)

or mail to OREGONSTATE FIRE MARSHAL, Technical Services Unit, 3991 Fairview Industrial Dr SE, Salem, Oregon 97302  
Questions? 503-934-8256