APPLICATION TO INSTALL Liquid Oxygen Containers

Installation or alteration of outdoor stationary liquid oxygen storage systems exceeding 50 gallons, individually or in aggregate, per 2025 OFC Section 105.6.4 and Table 105.5.11.

Submittals shall demonstrate compliance with 2025 OFC Chapters 50, 55, and 63 and NFPA 55 (2023).

DO NOT WRITE IN THIS AREA / OSFM USE ONLY

Incomplete applications will automatically be rejected

BUSINESS NAME or LOCATIONS ON PREMISES KNOWN AS

Street Address City ZIP

Nearest Cross Street / Road OR County

SELECT APPROPRIATE RESPONSE FROM DROP DOWN

TYPE OF PROPERTY	Select One
INSTALL TYPE	Select One
TYPE OF TANK	Select One
CERTIFICATION	Select One

IS SITE IN A FLOOD PLAIN? Y ☐ N ☐

HIGH WATER TABLE? Y ☐ N ☐

LIQUID OXYGEN: _____ Quantity Cubic Ft

TOTAL ON SITE: _____ Quantity Cubic Ft

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

PLANNING-ZONING

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

Mailing Address of Planning/Zoning Official

City OR State, Zip Code Telephone #

Email address

SIGNATURE of Planning/Zoning Official Date

INSTALLER INFORMATION

▲ **PRINT** name of Company Installing Tank

Mailing Address

City OR ST Zip Code Telephone #

Email address

All applications to include: *PREFERABLY IN PDF OR SIMILAR FORMAT. NO ZIP FILES ACCEPTED*

INFORMATION REQUIRED

Necessary specification, documents or drawings showing details of design and construction including support, structures, fire protection, physical protection and security.
Site plan showing distances from container(s) to buildings, property lines, public way and other containers.
Show vehicle protection and portable fire extinguisher location.
Include data sheets.

FIRE DEPARTMENT

▲ **PRINT** Fire Department (Agency Name)

Mailing Address of Fire Department

City OR 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 OR State Zip Code Telephone #

Applicant Contact Person (same as telephone #)

Email address

SIGNATURE of Applicant Date

Submit completed application packet to: **OSFM.ofc@osfm.oregon.gov**
or mail to **OREGON STATE FIRE MARSHAL, Technical Services Unit, 3991 Fairview Industrial Dr SE, Salem OR 97302**
Questions? 503-934-8256

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.***

11/2026