

# 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**

BUSINESS NAME or LOCATIONS ON PREMISES KNOWN AS

Street Address City ZIP

Nearest Cross Street / Road

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

### All applications to include:

- \* \$100.00 plan review fee (Mail fee to: Oregon State Fire Marshal, Technical Services Unit, PO Box 4395 Unit 09, Portland OR 97208-4395)
- \* 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.

PREFERABLY IN PDF OR SIMILAR FORMAT. NO ZIP FILES ACCEPTED

## 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

DO NOT WRITE IN THIS AREA / OSFM USE ONLY

SELECT APPROPRIATE RESPONSE FROM DROP DOWN

TYPE OF PROPERTY

INSTALL TYPE

TYPE OF TANK

CERTIFICATION

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

LIQUEFIED PETROLEUM GAS: Quantity in gal

TOTAL ON SITE: Quantity in gal

## INSTALLER INFORMATION

▲ PRINT name of Company Installing Tank

Mailing Address OSFM Installer Lic #

City OR State Zip Code Telephone #

Email address

**INFORMATION  
REQUIRED**

## 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

Date Payment Processed

**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), mail payment to following address

PAYMENT TO OREGON STATE FIRE MARSHAL, Technical Services Unit, PO Box 4395 Unit 09, Portland OR 97208-4395  
Questions? 503-934-8256

Revised 08-2025