

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.

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

LOCATED ON PREMISES KNOWN AS: _____

SITE ADDRESS _____
Street

City _____ ZIP _____ County _____

Nearest Cross Street / Road _____

SELECT APPROPRIATE RESPONSE FROM DROP DOWN

TYPE OF PROPERTY

INSTALL TYPE

TYPE OF TANK

CERTIFICATION

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

**LIQUEFIED
PETROLEUM
GAS:**

Quantity in gal

Required Items to Submit: In addition to the \$100.00 plan review fee, **TWO (2) SETS** of plans shall accompany this application to include: 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, fire 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.

Date Payment Processed _____

PLANNING-ZONING

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

Mailing Address of Planning/Zoning Official

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 License # _____

City, State, Zip Code _____ Telephone # _____

Email address _____

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 _____

FIRE DEPARTMENT

▲ **PRINT** Fire Department Name

Mailing Address of Fire Department

City, State, Zip Code _____ Telephone # _____

Email address _____

➔ **SIGNATURE** of Fire Chief or Fire Marshal _____ 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:

OFFICE of STATE FIRE MARSHAL 3565 Trelstad Avenue SE, Salem, Oregon 97317 OSFM.FLSS@state.or.us Phone: 503-934-8256