

OFFICE OF STATE FIRE MARSHAL
3565 Trelstad Avenue SE, Salem, Oregon 97317-9614
Phone: 503-373-1540 FAX: 503-373-1825

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.

Please make sure your application is complete and you submit two copies of the application and site plan. **Incomplete applications will automatically be rejected.**

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

<input type="checkbox"/> LIQUEFIED PETROLEUM GAS: (Quantity)			
Horizontal:	Vertical:	DOT:	ASME:

<input type="checkbox"/> Retail (attended)	<input type="checkbox"/> Bulk Plant	<input type="checkbox"/> Farms or Construction Projects
<input type="checkbox"/> Commercial, Industrial, Governmental or Manufacturing	<input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground

LOCATED ON PREMISES KNOWN AS: _____ Phone #: _____

SITE ADDRESS _____
Number Street City

COUNTY _____

*** IS THIS SITE IN A FLOODPLAIN OR HIGH WATER TABLE LOCATION: YES NO**

NEAREST CROSS STREET/Road: _____

<p style="text-align: center;"><u>PLANNING/ZONING</u></p> <p>▲ PRINT name of Planning/Zoning Official</p> <p>_____</p> <p>Mailing Address of Planning/Zoning Official</p> <p>_____</p> <p>City, State, Zip Code Telephone #</p> <p>_____</p> <p>→ SIGNATURE of Planning/Zoning Official Date</p> <p style="text-align: center;"><u>FIRE DEPARTMENT</u></p> <p>▲ PRINT Fire Department Name</p> <p>_____</p> <p>Mailing Address of Fire Department</p> <p>_____</p> <p>City, State, Zip Code Telephone #</p> <p>_____</p> <p>→ SIGNATURE of Fire Chief or Fire Marshal Date</p>	<p style="text-align: center;"><u>INSTALLER INFORMATION</u></p> <p>▲ PRINT name of Company Installing Tank</p> <p>_____</p> <p>Mailing Address OSFM Installer License #</p> <p>_____</p> <p>City, State, Zip Code Telephone #</p> <p>_____</p> <p style="text-align: center;"><u>APPLICANT INFORMATION</u></p> <p>▲ PRINT name of Applicant Applying for Permit</p> <p>_____</p> <p>Mailing Address of Applicant</p> <p>_____</p> <p>City, State, Zip Code</p> <p>_____</p> <p>Telephone Number</p> <p>_____</p> <p>→ SIGNATURE of Applicant Date</p>
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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.

In addition to the **\$100.00** plan review fee, **TWO SETS** of plans shall accompany this application which include a plot plan showing the location of any buildings, structures, tanks, piping and valves, tank capacities, diking, details of the design and construction, and fire protection. The plans shall also indicate the method of storage, quantities to be stored, **distances** from buildings and property lines, accessways, fire-protection facilities, and provisions for spill control, drainage control and secondary containment.