

# APPLICATION TO INSTALL Flammable/Combustible Liquid Aboveground Tanks

**Flammable/Combustible Liquids** - To install tanks for the storage of flammable or combustible liquids **above-ground** in excess of 1,000 gallons in either individual or aggregate quantities as specified in Oregon Fire Code Section 5701.6

**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 \_\_\_\_\_

*Note:* Flammable liquids have a flash point below 100°F.  
Combustible liquids have a flash point at or above 100 F.

### Flammable Liquids:

Quantity in gal

### Combustible Liquids:

Quantity in gal

Select Appropriate Response  
from Drop down

**Required Items to Submit:** **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. Site plan showing distances from dispenser; tank distance to buildings, property lines, public way, and other tanks. Also show vehicle protection portable fire extinguisher location, and emergency shut off. Include data sheets for the fuel being stored.

### 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

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](mailto:OSFM.FLSS@state.or.us) Phone: 503-934-8256