

# LIQUIFIED PETROLEUM GAS APPLICATION

In accordance with the Code of the Town of Gates and the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

## Town of Gates

Office of the Fire Marshal  
 1605 Buffalo Road  
 Rochester, NY 14624  
 (585) 247-6100  
 (585) 426-8581 Fax  
 www.townofgates.org



**All fields must be completed. If not applicable, please mark with N/A** **Date:** \_\_\_\_\_

**UNSIGNED APPLICATIONS WILL BE RETURNED**

### SITE INFORMATION

<b>BUILDING/SITE NAME:</b>
<b>BUILDING/SITE ADDRESS:</b>
<b>MAILING ADDRESS:</b>

### APPLICANT INFORMATION

<b>BUSINESS NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>
<b>CONTACT NAME:</b>		
<b>SIGNATURE:</b>		

### (SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

<b>NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE#:</b>	<b>FAX#:</b>	<b>E-MAIL:</b>
<b>ON SITE CONTACT NAME:</b>		<b>CELL PHONE#:</b>

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE TANK?    YES     NO     TOTAL # of Tanks \_\_\_\_\_  
 DOES THIS WORK INVOLVE MORE THAN ONE TANK LOCATION ON SITE?    YES     NO     TOTAL # of Locations \_\_\_\_\_  
 DOES THIS WORK INVOLVE THE INSTALLATION OF A PROPANE EXCHANGE?    YES     NO     TOTAL # of Cages \_\_\_\_\_

**PURPOSE:**    Installation     Addition     Alteration     Repair     Operate

**IS THIS A REPLACEMENT OF AN EXISTING TANK?**    YES     NO

Submittal of plans, application and payment of fees does not imply permission or permit by the Town of Gates for commencement of work.

### APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING INSTALLATION AND USE

<u><b>TYPE</b></u>	<u><b>Y/N</b></u>
To install, maintain and operate Propane Exchange _____	_____
To install, maintain and operate Temporary LPG Tank / Container _____	_____
To install, maintain and operate bulk propane storage 0 – 500 lbs. _____	_____
To install, maintain and operate bulk propane storage 501 – 2,500 lbs. _____	_____
To install, maintain and operate bulk propane storage 2,501 – 6,000 lbs. _____	_____
To install, maintain and operate bulk propane storage 6,001 – 10,000 lbs. _____	_____
To install, maintain and operate bulk propane storage Over 10,001 lbs. _____	_____

**(continued on reverse)**

**Note:** The issuance of a permit shall not prevent the Fire Marshal from thereafter requiring correction of deficiencies found during a fire safety inspection by the Fire Marshal or Fire Department.

**TANK USE:** Stationary Use  Vehicle Refueling/Filling  Portable Tank Filling  Not Applicable

**PROJECT NARRATIVE:** (Including *specific location* of work and tank(s): \_\_\_\_\_

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Describe Physical Securing of Tanks / Containers: \_\_\_\_\_

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Describe Product Handling Safety Precautions: \_\_\_\_\_

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Location of LPG Tanks / Containers: \_\_\_\_\_

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Describe Vehicle Impact Protection: \_\_\_\_\_

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**QUANTITY OF PRODUCT(S) AND TANK SIZE:** \_\_\_\_\_

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Indicate What The Surface Material Is Under The Tank / Container: \_\_\_\_\_

The completed installation shall pass a visual inspection by a representative of the Office of the Fire Marshal.  
Please call the Office of the Fire Marshal at least 24 hours in advance to schedule inspections.

**CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE TOWN OF GATES BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED THE FOLLOWING ARE INCLUDED AND REQUIRED FOR SUBMITTAL:**

*Included*   *n/a*

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Drawings – 2 Copies (stamped and signed by an Architect or Engineer)<br><i>(Not Required for Propane Exchange)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Equipment Cut – Sheets   |