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 at or above 100 F

Flammable Liquids:
Qty in gal _____

Combustible Liquids:
Qty in gal _____

Required Items to Submit :

1. 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.
2. Site plan showing distances from dispenser; tank distance to buildings, property lines, public way, and other tanks.
3. Show vehicle protection portable fire extinguisher location, and emergency shut off.
4. Include data sheets for the fuel being stored.
5. **ESP (Emergency Standby Power/Generators) List plan review quantity of generators, fuel capacity each and total AST (aboveground storage tanks) on site.**

Check here if Plan Review for Generator(s) ☐

Select Appropriate Response from Drop down: Type of Business

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

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

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

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.OFC@osp.oregon.gov Phone: 503-934-8256