



**CITY OF BLAINE
SAFETY SERVICES
Fire Inspections
10801 Town Square Drive
Blaine MN 55449
Business Phone 763-785-6187
Fax 763-717-2634**



Liquefied Petroleum (LP) Tank Installation Permit Application

Date _____ Proposed Date to Start Work _____ Permit Fee \$ _____ (\$100.00./each)

TANK SITE:

Company: _____ Address: _____
City, State, Zip: _____
Contact: _____ Phone: _____ Fax: _____

CONTRACTOR:

Name: _____ Address: _____
City, State, Zip: _____
Contact: _____ Phone: _____ Fax: _____

Describe Work To Be Done _____

PLEASE READ THE FOLLOWING INFORMATION BEFORE BEGINNING:

- ✓ The following information must be submitted with the application and site plan.
- ✓ Submit all materials in duplicate, including application and site plan.
- ✓ Provide a detailed site plan showing locations of all new and existing tanks, associated equipment, property lines, roadways, driving surfaces, structures, surface waters, utilities, canopies, piping layout, emergency controls and portable fire extinguishers. Provide separation distances between buildings and tanks, property lines and tanks and between tanks and any overhead power lines, electrical equipment or other potential source of ignition.
- ✓ A copy of the approved plans and application must be present on the site for review.
- ✓ All tank installations must comply with the International Fire Code, NFPA standards, Pollution Control Agency rules and City of Blaine requirements.
- ✓ Work, including site preparation work, shall not begin until permit has been issued.
- ✓ Incomplete information may result in application being returned. If not applicable, mark N/A.

Information requested below must be provided on plans or described below unless not applicable. Incomplete information may result in plans being returned.

Check all that apply: ___bulk/heating fuel ___container filling ___bulk tanker filling ___vehicle fuel

	Tank #1	Tank #2	Tank #3	Tank #4
Product name:	_____	_____	_____	_____
Capacity:	_____	_____	_____	_____
Tank listed/labeled:	_____	_____	_____	_____

Type of operation: Public_____ Private_____ Attendant? Yes _____ No_____ 24-hour?_____

Describe material beneath tank _____ Canopy over tank or equipment? _____

Describe tank venting provided _____

Describe signage/labeling _____

Describe vehicle impact protection _____

Describe product transfer equipment _____

Describe security for tanks/equipment _____

Describe electrical grounding _____

Describe electrical classifications _____

Describe fire protection equipment _____

Describe training for personnel operating product transfer equipment _____

*Provide manufacturer specification sheets for tanks, equipment and piping.

*Contractor must call for inspections and approvals as noted on the permit.

I, the undersigned, do hereby agree to complete the above-described work in accordance with City codes, the Minnesota Fire Code, NFPA and other nationally recognized standards.

Applicant Signature _____

Date _____