

**Seattle Fire Department Permit Application**  
**Code 8201-Install Installation of Stationary LP-Gas Container**



**Permit Fee: \$554.00**

TO BE COMPLETED BY CONTAINER INSTALLER (PLEASE PRINT):

INSTALLER BUSINESS NAME:	
INSTALLER MAILING ADDRESS:	
ESTIMATED INSTALLATION DATE:	
INSTALLER CONTACT PERSON:	PHONE NUMBER: (    )
INSTALLATION ADDRESS:	
ANNUAL PERMIT HOLDER NAME:	
ANNUAL PERMIT HOLDER MAILING ADDRESS:	
CITY:	STATE:
ANNUAL PERMIT CONTACT PERSON:	PHONE NUMBER: (    )
EMAIL ADDRESS:	
<b>Type of container(s) being installed at this site: (Check all that apply)</b>	
<input type="checkbox"/> Aboveground: Number of containers: _____ Individual container capacity: _____ Aggregate container capacity: _____	<input type="checkbox"/> Mounded or Underground: Number of containers: _____ Individual container capacity: _____ Aggregate container capacity: _____
<input type="checkbox"/> Container location is a one- or two-family residential occupancy	
Description of Tank Location(s): _____	
Construction documents shall accompany this permit application for: 1) Any aboveground container exceeding 500 gallons capacity, 2) Multiple containers exceeding 1,000 gallons aggregate capacity, and 3) Any underground or mounded container.	
<b>NOTE:</b> When construction documents are required, installation of container(s) shall not commence prior to Fire Dept. inspection and permit approval.	

**PAYMENT AND APPROVED GAS PIPING PERMIT MUST ACCOMPANY ALL APPLICATIONS**  
**Please make checks payable to CITY OF SEATTLE**

Permit applications may be submitted in person weekdays from 8:00 a.m. to 4:30 p.m., or mailed to:

Seattle Fire Department Fire Marshal's Office – Permits 220 Third Ave S, 2 <sup>nd</sup> Floor Seattle, WA 98104-2608	To pay with a Visa or Master Card, email this completed application to us, <b>and then visit <a href="http://www.seattle.gov/fire/permits">www.seattle.gov/fire/permits</a> to make a payment.</b> Tel: (206) 386-1450 E-mail: <a href="mailto:permits@seattle.gov">permits@seattle.gov</a>
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**WORK SHALL NOT COMMENCE UNTIL SFD INSPECTION HAS BEEN COMPLETED.**  
**Contact us at least 2 business days prior to intended start date to request an inspection.**  
**Email: [permits@seattle.gov](mailto:permits@seattle.gov) | Call: (206) 386-1450**

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**IMPORTANT!**

1. Fuel gas piping must be inspected and approved by the Seattle-King County Health Department prior to Fire Department inspection and the approved Health Department gas piping permit must be attached to this application prior to processing. **Exception:** Underground and mounded LP-gas tanks, aboveground tanks having an individual capacity exceeding 500 gallons and multiple container installations where the aggregate quantity of LP-gas exceeds 1,000 gallons.
2. Containers and tanks which are part of a stationary LP-gas system shall not be filled until after Fire Department inspection and approval.
3. Permits are not valid until after Fire Department inspection and approval.

**CERTIFICATION**

I hereby certify that the LP-gas container(s) and container appurtenances, including but not limited to the piping, valves and fittings, covered under this permit have been installed and tested in accordance with NFPA 54, *National Fuel Gas Code* and 2004 ed. NFPA 58, *Liquefied Petroleum Gas Code*, as amended by the City of Seattle as allowed by RCW 19.27.040.

**Initial Here**

- Seattle-King County Health Department fuel gas piping inspection has been conducted and approval paperwork is attached. **Exception:** Underground and mounded LP-gas tanks, aboveground tanks having an individual capacity exceeding 500 gallons and multiple container installations where the aggregate quantity of LP-gas exceeds 1,000 gallons.
- Distributors shall not fill an LP-gas container for which a permit is required unless Fire Department permit has been issued for that location by the fire code official. **THIS IS NOT A PERMIT!**

\_\_\_\_\_  
**Name of Company Representative (Please Print)**

\_\_\_\_\_  
**SIGNATURE OF COMPANY REPRESENTATIVE**

\_\_\_\_\_  
**DATE**

<b>FMO USE:</b>	<b>APPROVED BY:</b>
Check No.: _____	Inspector: _____ SFD ID# _____
Receipt No.: _____	Date: _____
Application ID#: _____	



## INSTALLATION PERMIT

### Stationary LP-Gas Container Code: 8201-Install

Installer's Business Name: \_\_\_\_\_

Address Where Container is Located: \_\_\_\_\_

CONTAINER TYPE	CONTAINER CAPACITY	LOCATION

**This permit is not transferable or renewable.**

Special Permit Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***FIRE DEPARTMENT APPROVAL:***

Inspector: \_\_\_\_\_

INJ/ILL#: \_\_\_\_\_

Approval Date: \_\_\_\_\_

**This permit shall be kept on the premises designated herein at all times and shall be readily available for inspection by the fire code official. (SFC 105.3.5)**