

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



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

FMO USE:

Check No.: _____

Receipt No.: _____

Application ID#: _____

APPROVED BY:

Inspector: _____ SFD ID# _____

Date: _____



INSTALLATION PERMIT

Stationary LP-Gas Container Code: 8201-Install

Installer's Firm 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)