



**FACILITIES PERMIT**  
**APPLICATION TO INSTALL / REMOVE TANKS, CYLINDERS &**  
**EQUIPMENT**  
 1900 SW 4<sup>th</sup> Ave. Portland, OR 97201  
 (503) 823-3718



VALUATION OF WORK: \$ \_\_\_\_\_ DATE: \_\_\_\_\_

**PLANS MUST BE SUBMITTED TO THE FIRE PREVENTION DIVISION AND APPROVED BEFORE INSTALLATION.**

**Location:**

Building Name: \_\_\_\_\_ Occupied as: \_\_\_\_\_

Address: \_\_\_\_\_ Portland, OR Zip \_\_\_\_\_

Suite # \_\_\_\_\_ Levels (#) \_\_\_\_\_

Building/Facilities Permit No.: \_\_\_\_\_ Appeal No.: \_\_\_\_\_

<b>Installation</b> <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair Cylinder size _____	<b>Product</b> <input type="checkbox"/> Liquids/Tank <input type="checkbox"/> L.P.G. <input type="checkbox"/> Gases <input type="checkbox"/> Cryogenes Other _____	<b>Decommission</b> <input type="checkbox"/> Removal <input type="checkbox"/> Abandon OR	<b>Location</b> 1. <input type="checkbox"/> Underground 2. <input type="checkbox"/> Aboveground a. <input type="checkbox"/> Inside b. <input type="checkbox"/> Outside
<b>LP Gases</b> <input type="checkbox"/> Vapor <input type="checkbox"/> Pump <input type="checkbox"/> Liquid <input type="checkbox"/> Gravity <input type="checkbox"/> Barricades	<b>Compressed Gases</b> Products _____ _____ No. of cylinders _____ Size: 1. _____ 2. _____ 3. _____ 4. _____	<b>Tanks</b> Product stored in tank: _____ Material: _____ <input type="checkbox"/> Single wall <input type="checkbox"/> Double wall Capacity: 1. _____ 2. _____ 3. _____ 4. _____	<b>Piping</b> Material _____ <input type="checkbox"/> Single wall <input type="checkbox"/> Double wall

Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Installing Company Information**

Applicant Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_

**Owner Information**

Name: \_\_\_\_\_  
 Phone/Fax: \_\_\_\_\_  
**Mail permit to:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

_____ NAME OF APPLICANT	_____ SIGNATURE	_____/_____/_____ DATE
_____ NAME OF INSPECTOR	_____ SIGNATURE	_____/_____/_____ DATE

## **Facilities Permit Hazardous Materials Submittal Requirements**

Scope: Fire permits for work associated with a Facility Permit Project. Fees will be billed monthly.

1. A fully completed Permit Application.
2. Two sets of plans and any necessary specification sheets shall be supplied with the permit application. A site plan with project address should be located on the first page. Plans need to be of a quality clear enough to microfilm. Name of project, job address, the installing company's name and/or the engineers/architect's name who designed the system must be on all plan sheets.
3. Location of buildings or structures, storage tanks and relationships to other premises giving pertinent distances including adjacent properties if necessary.
4. Distances to piping and valves.
5. Diking volumes and dimensions.
6. Construction design of storage areas.
7. Fire protection criteria shall include: Extinguishing systems (if required) fire separation from other buildings uses, storage methods and separation from other storage areas and products.
8. Types of products to be stored. (Material Safety Data Sheets may be required.)
9. Description of tanks, piping and associated equipment such as:
  - A. Tank and piping specifications and listings such as UL or ANSI listing numbers.
  - B. Venting: normal and emergency.
  - C. Fill practices and dispensing methods.
  - D. Containment, if required.
  - E. Emergency shut-off switches.
  - F. Fuel fill and pump valve break-aways.
  - G. Overfill protection.
  - H. Safety devices required, such as exhaust scrubbers, explosion venting, treatment systems and vehicle protection.
10. Please include relevant appeal information.

Suggested resources include Uniform Fire Code, Uniform Mechanical Code, Uniform Building Code, 1997 Editions with Oregon Amendments, appropriate NFPA pamphlets that relate to specific types of products and processes.

**A twenty-four(24) hour notice is required for all inspections.**

For questions, please call 503-823-3718.

Submit plans to:           Facilities Program  
                                  Bureau of Development Services  
                                  1900 SW 4<sup>th</sup> Ave – 5<sup>th</sup> Floor  
                                  Portland, OR 97201