

COMPRESSED GAS PERMIT APPLICATION

LINCOLN COUNTY FIRE MARSHAL'S OFFICE
MAILING ADDRESS: 115 WEST MAIN STREET, LINCOLN, N.C. 28092
OFFICE ADDRESS: 302 NORTH ACADEMY STREET, LINCOLN, N.C. 28092
PHONE 704-736-8516
FAX 704-736-8697

APPLICATION TO MAINTAIN, STORE OR HANDLE MATERIALS, OR CONDUCT PROCESSES WHICH PRODUCE
CONDITIONS HAZARDOUS TO LIFE OR PROPERTY, OR TO INSTALL EQUIPMENT USED IN CONJUNCTION WITH
SUCH ACTIVITIES AS REQUIRED BY THE NC STATE BUILDING CODE - FIRE PREVENTION CODE

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A PERMIT TO

COMPRESSED GAS

_____ USE
_____ INSTALL
_____ OPERATE
_____ CONDUCT

IN OR ON THE PREMISES KNOWN AS _____,
THE FOLLOWING MATERIALS, PROCESSES OR OPERATIONS (describe briefly what is to be done and state what hazardous materials are to be used);

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. Cylinder quantities and storage locations
2. Type, size, quantity, and locations of Fire Protection Equipment
3. Amount and type of compressed gas
4. State what NFPA Codes are to be met
5. State what NC State Building Code – Fire Prevention Codes are to be met
6. Sketch showing location of tanks, cylinders and emergency shut offs
7. No smoking and NFPA 704M signage to be placed in accordance to fire official

This application shall be considered valid as long as the above criteria, codes and local ordinances are met.

Conditions, surroundings and arrangements to be in accordance with the NC State Building Code - Fire Prevention Code. Complete plans and construction details must be filed on all major projects when requested by the Fire Marshal's Office.

BUSINESS NAME

BUSINESS ADDRESS, CITY, STATE, ZIP CODE

APPLICANT'S SIGNATURE

PHONE NO. _____

DATE _____

In so far as the NC State Building Code –
Fire Prevention Code is concerned, this application is

_____ Approved _____ Not Approved

FIRE MARSHAL

DATE _____