

**CRYOGENIC FLUIDS PERMIT**

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

**CRYOGENIC FLUIDS**

\_\_\_\_\_ 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. Sketch showing storage locations of more than (10) gallons of cryogenic fluids, buildings, property lines and emergency shut offs
2. Type, size, quantity, of tanks-containers-cylinders, equipment or devices to be used
3. List type of piping to be used and the type-size and settings of all safety devices
4. List material to be stored, handled or transported
5. Type of containment to be used for spill protection
6. Type, size, quantity, and locations of Fire Protection Equipment
7. State what NFPA Codes are to be met
8. State what NC State Building Code – Fire Prevention Codes are to be met
9. No smoking and NFPA 704M signage to be placed in accordance to fire official
10. List type of grounding and bonding to be used and how fixtures will be grounded
11. List design pressure, maximum operating pressure and test pressure

**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 \_\_\_\_\_