

FUEL DISPENSING EQUIPMENT WORK PERMIT APPLICATION

LINCOLN COUNTY FIRE MARSHAL'S OFFICE

MAILING ADDRESS: 115 WEST MAIN STREET, LINCOLNTON, N.C. 28092

OFFICE ADDRESS: BASEMENT OF COURTHOUSE LINCOLNTON, N.C. 28092

PHONE 704-736-8516

FAX 704-732-9036

APPLICATION TO INSTALL, REPAIR, REPLACE, ALTER, OR WORK ON EQUIPMENT USED IN CONJUNCTION WITH FUEL DISPENSING STATIONS OR FACILITIES WHERE FLAMMABLE OR COMBUSTIBLE LIQUIDS ARE PRODUCED, PROCESSED, TRANSPORTED, STORED, DISPENSED OR USED WHERE SUCH ACTIVITIES ARE REQUIRED PERMIT BY THE NC STATE BUILDING CODE - FIRE PREVENTION CODE

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A PERMIT TO

_____ REPLACE EQUIPMENT _____ INSTALL NEW EQUIPMENT

_____ ALTER EQUIPMENT _____ REPAIR EQUIPMENT

FUEL DISPENSING EQUIPMENT WORK WILL BE DONE IN OR ON THE PREMISES KNOWN AS: (need address of business too) _____

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. Type of work to be done? (Replacement, repair, new installation, etc.) _____
2. Will all work be done by either a trained, qualified or certified person? _____
3. The name of person(s) who will be doing the work. _____
4. Are you altering the equipment from its original install? _____
5. Is all work being done according to manufacturer specifications, NFPA Standards and applicable North Carolina Code?
Yes _ No _
6. Name of person signing that work is done occurring to the manufacturer specifications, NFPA Standards and North Carolina Code. _____

7. Signature of Person doing the work _____ **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

BUSINESS NAME - Doing Work

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 _____