

# **DISPENSING OF FLAMMABLE/COMBUSTIBLE LIQUIDS 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 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

USE  
 INSTALL  
 OPERATE  
 CONDUCT

## **DISPENSING OF FLAMMABLE/COMBUSTIBLE LIQUIDS**

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, buildings, property lines and emergency shut offs
2. Type, size, quantity, of tanks-containers-cylinders to be used
3. Type of piping to be used
4. Aboveground or belowground storage
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

**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.

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

Approved       Not Approved

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BUSINESS NAME

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BUSINESS ADDRESS,      CITY, STATE, ZIP CODE

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APPLICANT'S SIGNATURE

PHONE NO. \_\_\_\_\_

DATE \_\_\_\_\_

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FIRE MARSHAL

DATE \_\_\_\_\_