

## ORGANIC COATING OPERATIONS 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

**ORGANIC COATING OPERATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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 locations of organic coating operations and storage locations of product
2. Amount of product to be stored
3. Information on the spray booths, spray rooms – all lighting and heating equipment explosion proof in spray area
4. CFM of air movement to remove vapors in areas of operations and storage if required
5. Size of filter vent area \_\_\_\_\_ square inches
6. State what NFPA Codes are to be met
7. State what NC State Building Code – Fire Prevention Codes are to be met
8. Type, size, quantity, and locations of Fire Protection Equipment
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. Type of fire alarm system

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