

PULVERIZED PARTICLES PERMIT APPLICATION



LINCOLN COUNTY FIRE MARSHAL'S OFFICE

MAILING ADDRESS: 115 WEST MAIN STREET, LINCOLNTON, N.C. 28092
OFFICE ADDRESS: BASEMENT OF COURT HOUSE - LINCOLNTON, N.C. 28092
PHONE 704-736-8516
FAX 704-732-9032



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

PULVERIZED PARTICLES

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 operations, and storage locations of product
2. List the type of process, and the type & quantity of materials used or stored
3. Information on the booths, rooms – all lighting and heating equipment explosion proof in spray area
4. CFM of air movement to remove vapors in areas and storage areas
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. Method of controlling dust and accumulations

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

FIRE MARSHAL

DATE _____

BUSINESS NAME

BUSINESS ADDRESS, CITY, STATE, ZIP CODE

APPLICANT'S SIGNATURE

PHONE NO. _____

DATE _____