

STATIONARY STORAGE BATTERY SYSTEMS
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
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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

STATIONARY STORAGE BATTERY SYSTEMS

____ 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, buildings, property lines and emergency shut offs, along with 3 sets of plans
2. Type, size, cabinets, room design and construction to be used
3. Type of safety caps to be used
4. Type of batteries to be stored
5. Type of containment to be used for spill protection and type of cathodic protection and physical protection to be used
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. Dates of proposed work for construction or maintenance to change out equipment
11. Type of ventilation to be used
12. Signage for equipment room and buildings
13. Type of supervision for mechanical ventilation systems to be used

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 _____