



FOR OFFICE USE ONLY
Permit #(s) _____
Date: _____

MONROE FIRE DEPARTMENT

163 Village Court • Monroe, WA 98272
Phone: (360) 794-7666 • Fax: (360) 794-0959
www.monroefire.org

SUBMIT TO: CITY OF MONROE PERMIT DEPARTMENT

806 West Main Street • Monroe, WA 98272
Phone: (360) 794-7400 • Fax: (360) 794-4007
www.ci.monroe.wa.us

Cryogenic Fluids 105.6.10
OPERATIONAL PERMIT APPLICATION

An operational permit is required to produce, store, transport on site, use, handle or dispense cryogenic fluids in excess of the amounts listed in Table 105.6.10. (See Page 3)

Exception: Permits are not required for vehicles equipped for and using cryogenic fluids as a fuel for propelling the vehicle or for refrigerating the lading.

Permit Submittal Hours Monday through Friday:

Building, Fire & Land Use permits: 9:00 am – 12:00 pm & 2:00 pm – 4:00 pm
Verify Current Fee Schedule with Permit Staff Before Submitting Application
http://www.monroefire.org/fire_marshall/forms/permit/fire_fee_schedule.pdf

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS (SEE PAGE 2)

Site Address or Property Location: _____

Size of site (acre/square feet): _____

Assessor's Tax Parcel Number (14 digits): _____

Applicant: _____ Phone # (____) _____

*Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

Property Owner: _____ Phone # (____) _____

**Signature: _____ Printed Name: _____

Mailing Address: _____ Fax # (____) _____

City _____ State _____ Zip _____ E-mail _____

ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.**Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.

Is this application a **Renewal of an Existing Operational Permit?**

Yes - Complete this Page Only

No - Continue to Page 3 for Submittal Requirements

RENEWAL SECTION (Complete this section only if this application is a renewal of an existing operational permit)

Permit # of Previous Operational Permit: _____

Describe all changes in the operations or hazards covered under this permit since this Operational Permit was last issued.

No Changes since Permit was last issued

Do not complete or attach other pages. Submit pages 1 and 2 of this application as your RENEWAL application, along with current permit fees (contact Permit Department for a fee estimate). A fire inspector will contact you at your place of business to conduct an inspection of the operations or hazards covered under this permit. After a satisfactory inspection of these operations your Operational Permit will be renewed.

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Plan Check Fee: \$ _____	Permit Fee: \$ _____
Fire Plan Check Fee: \$ _____	State Fee: \$ _____

SUBMITTAL REQUIREMENTS OPERATIONAL PERMIT – IFC 105.6.10

**TABLE 105.6.10
PERMIT AMOUNTS FOR CRYOGENIC FLUIDS**

Type of Cryogenic Fluid	Inside Building (Gallons)	Outside Building (Gallons)
Flammable	More than 1	60
Inert	60	500
Oxidizing (includes Oxygen)	10	50
Physical or Health hazard not indicated above	Any Amount	Any amount

For SI: 1 gallon = 3.875 L.

GENERAL REQUIREMENTS FOR THE STORAGE, USE AND HANDLING OF CRYOGENIC FLUIDS OPERATIONAL PERMIT:

- 1. List the type and quantity of fluid(s) being used, stored or handled.**

- 2. Provide an MSDS of the fluid(s).**

- 3. Give a description of the container(s) used to hold the fluids.**

- 4. Verify the following placards are legible and visible for cryogenic containers and systems:**

- a. NFPA 704 PLACARD – located in entrances to buildings or areas in which cryogenic fluids are stored, handled or used.**
- b. IDENTIFICATION OF THE CONTENTS – stationary and portable containers shall be marked.**
- c. IDENTIFICATION OF THE CONTAINERS - Stationary containers shall be identified with the manufacturing specification and maximum allowable working pressure with a permanent nameplate. The nameplate shall be installed on the container in an accessible location.**
- d. IDENTIFICATION OF CONTAINER CONNECTIONS - Container inlet and outlet connections, liquid-level limit controls, valves and pressure gauges shall be identified in accordance with one of the following: marked with a permanent tag or label identifying their function, or identified by a schematic drawing which**

portrays their function and designates whether they are connected to the vapor or liquid space of the container. Where a schematic drawing is provided, it shall be attached to the container and maintained in a legible condition.

e. IDENTIFICATION OF EMERGENCY SHUTOFF VALVES - Emergency shutoff valves shall be identified and the location shall be clearly visible and indicated by means of a sign.

5. Verify that the Cryogenic containers and systems are secured against accidental dislodgement and against access by unauthorized personnel.
6. Cryogenic stationary containers AND portable containers located indoors shall be stored in buildings, rooms or areas constructed in accordance with the INTERNATIONAL BUILDING CODE.
7. Verify Portable containers are separated from exposure hazards as follows:

EXPOSURE	Minimum Distance (In Feet)
Building Exits	10
Wall openings	1
Air intakes	10
Lot lines	5
Room or area exits	3
Combustible materials such as paper, leaves, weeds, dry grass or debris	15
Other hazardous materials	In accordance with chapter 27 of the IFC

For SI: 1 foot = 304.8mm.

8. Check fire extinguishers to be sure that they have been inspected and tagged by a qualified person. Certification good for one year from tagged date. Note – size and distribution to be field verified.

NOTE: A FIELD INSPECTION WILL BE PERFORMED TO DETERMINE ANY ADDITIONAL REQUIREMENTS.