



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](http://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](http://www.ci.monroe.wa.us)

**LP Gas 105.6.27**  
**OPERATIONAL PERMIT APPLICATION**

An operational permit is required for the storage and use of LP-gas.  
(SEE PAGE 3 FOR EXCEPTIONS)

**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](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.

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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 105.6.27**

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## **EXCEPTIONS:**

1. A permit is not required for individual containers with a 500-gallon water capacity or less serving occupancies in group R-3.
2. A permit is not required if the only LP-gas in an occupancy is a single container in use as a fuel on a powered industrial truck (per MMC).
3. Operation of cargo tankers that transport LP-gas.

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1. Is the LP-gas tank fixed or portable? \_\_\_\_\_

If the tank is fixed indicate the size in gallons. \_\_\_\_\_

If the tank is portable is it going to be used indoors?

No \_\_\_\_\_

Yes \_\_\_\_\_ - indicate the use below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **THE FOLLOWING ARE FOR A FILLING STATION OR A FIXED LP GAS CONTAINER.**

1. Verify the “NO SMOKING” signs are in a legible and serviceable condition. These signs shall be located within 25 feet of a point of transfer, or a filling station.
2. Verify that weeds, grass, brush, trash and other combustibles are a minimum of 10 feet away from LP-gas tanks and containers.
3. Verify that the bollards installed around tanks are in a serviceable condition.
4. Verify that there are fire extinguisher(s) that have a minimum rating of 18 Lb B:C.
5. Verify that the LP gas container has the name of the gas marked on it and is visible from all directions of approach. IFC 3003.4

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## **THE FOLLOWING ARE FOR PORTABLE LP GAS CONTAINERS**

1. Verify that LP-gas containers in storage are located in a manner that minimizes exposure to excessive temperature rise, physical damage and tampering.
2. Verify that LP-gas containers that are stored in buildings are not located near exit access doors, exits, stairways, or in areas normally used or intended to be used, as a means of egress.
3. Verify that LP-gas containers are not stored on roofs.

4. Verify that LP-gas containers are not stored in basements, pits or other low lying areas where heavier than air gas may collect.
5. Verify that the LP-gas containers in storage have the thread protectors securely in place.
6. Verify that the LP-gas containers are not located near ledges, elevators or other areas where falling would result in the container, cylinder or tanks being allowed to drop distances exceeding one half the height of the container, cylinder or tank.
7. Verify that the LP-gas containers are not located where they could be damaged by falling objects.
8. Verify that the LP-gas container is not leaking, damaged, or corroded.

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#### GENERAL REQUIREMENTS

9. Verify that all Fire Alarm systems have been tested / inspected within the last calendar year. The Fire Alarm test/inspection is good for a year from the tested date.
10. Verify that the Fire sprinkler system(s) have been tested / inspected within the last calendar year. The Fire Sprinkler System test/inspection is good for a year from the tested date.
11. 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: A FIELD INSPECTION WILL BE PERFORMED TO DETERMINE ANY ADDITIONAL REQUIREMENTS.**