



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

COMBUSTIBLE DUST-PRODUCING OPERATIONS 105.6.6
OPERATIONAL PERMIT APPLICATION

An operational permit is required to operate a grain elevator, flour starch mill, feed mill, or a plant pulverizing aluminum, coal, cocoa, magnesium, spices or sugar, or other operations producing combustible dusts as defined in Chapter 2.

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 BE RETURNED WITHOUT REVIEW IF NOT ALL REQUIRED ELEMENTS ARE INCLUDED.
SEE 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 _____

NOTE: Property Owner Information not required if this application is a RENEWAL of an existing Operational Permit.

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: \$ _____
Other Fees: \$ _____	SEPA Fee: \$ _____

SUBMITTAL REQUIREMENTS OPERATIONAL PERMIT – IFC 105.6.6

PART 1 – PLEASE INDICATE THE OPERATION(S) BEING PERFORMED

- | | |
|---|--|
| <input type="checkbox"/> GRAIN ELEVATOR
<input type="checkbox"/> FLOUR STARCH MILL
<input type="checkbox"/> FEED MILL | <input type="checkbox"/> PLANT PULVERIZING ALUMINUM, COAL, MAGNESIUM, SPICES OR SUGAR
<input type="checkbox"/> WOOD WORKING OPERATIONS
<input type="checkbox"/> OTHER OPERATIONS – PLEASE DESCRIBE BELOW |
|---|--|

PART 2 – DUST COLLECTION SYSTEM DATA

1. Indicate the size of the occupancy in square feet. _____Sq. Ft.
2. Is the occupancy equipped with an automatic fire sprinkler system? ___YES ___NO
If YES indicate the coverage data as shown on the sprinkler riser. ___GPM over ___Sq. Ft.
3. Indicate location of dust collector: ___INDOORS ___OUTDOORS
For indoor dust collectors go to step 4
For outdoor dust collectors go to step 5
4. INDOOR DUST COLLECTORS
 - A. Indicate the CFM of the collector: _____CFM
Note – a dust collector that has a CFM capability of greater than 2000 CFM is required to ALSO be permitted by the Puget Sound Clean Air Agency (www.pscleanair.org) regardless of whether it is located indoors or outdoors.
 - B. Is the dust collector a cyclonic, enclosureless (EX. Grizzley), or a bag-house type?
 - 1) Cyclonic ___
 - 2) Enclosureless ___
 - a) Is the dust collector attached to any sanding machines or abrasive planers having mechanical feeds? ___YES ___NO
 - 3) Bag house ___
 - C. Indicate if Deflagration panels, deflagration relief venting, deflagration suppression systems are present in the occupancy and dust collection system. Indicate date of last inspection/testing of any deflagration suppression system or spark detection and suppression system.

5. OUTDOOR DUST COLLECTORS
 - A. Indicate the CFM of the collector. _____CFM
 - B. Does the Collector exhaust ventilate back into the occupancy? ___YES ___NO
IF YES:

Indicate the date of the last test of the required spark detection and extinguishing system.
(<5000 CFM) _____

OR

Indicate the date of the last test of the required spark detection and abort gate. (>5000 CFM).

- C. Indicate if Deflagration panels, deflagration relief venting, deflagration suppression systems are present in the occupancy and dust collection system. Indicate date of last inspection/testing of any deflagration suppression system or spark detection and suppression system.
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6. HOUSEKEEPING

- A. Have a housekeeping plan that the inspector can evaluate during the field inspection that includes:

- 1) Method used of cleaning trusses, ceiling joists, walls, machinery, floors.
NOTE: The IFC does not allow "blow down" of dust to the floor using compressed air. Powered sweepers, vacuum cleaning equipment, and other powered cleaning apparatus used in dusty areas shall be approved for class II division I, Group G locations.
NOTE: Unapproved vacuum cleaning equipment can be used if the powered suction unit is located in a remote, non-dusty area and only have the hoses extending into the dust clean up area.
- 2) Cleaning frequency – NOTE – When dust exceeds 1/8" thick an immediate clean up can be warranted. Ref. Annex A of NFPA 664 § A.6.4.2.2
- 3) Method of ensuring all electricity and other sources of ignition are removed from the area to be cleaned.

A REFERENCE FOR COMBUSTIBLE DUST IS FOUND AT:

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=DIRECTIVES&p_id=3830

7. 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.
8. 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.
9. 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.**