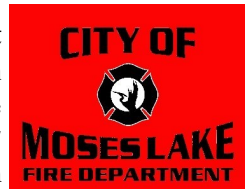


# Liquefied Petroleum Gas Applications

In accordance with the Moses Lake Municipal Code and the State Fire Code, no permit-required activity will begin prior to the issuance of proper permits and/or approvals by the Moses Lake Fire Department. MLMC 16.40.010

City of Moses Lake Fire Department  
**Prevention Division**  
 701 East Third Avenue  
 Moses Lake, WA 98837  
 (509) 764-3848 / mlfirepermits@cityofml.com



**All fields must be completed. If not applicable, please mark with N/A** **Date:** \_\_\_\_\_

### Site Information

<b>BUILDING / SITE NAME:</b>	<b>PARCEL #</b>
<b>BUILDING / SITE ADDRESS:</b>	

### Applicant Information

<b>BUSINESS NAME:</b>
<b>BUSINESS ADDRESS:</b>
<b>MAIL ATTENTION TO:</b>
<b>MAILING ADDRESS:</b>
(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)
<b>BUSINESS PHONE#</b>
<b>E-MAIL:</b>
<b>EMERGENCY CONTACT NAME:</b>
<b>PHONE NUMBER:</b>

### Registered (Sub) Contractor Performing Work

<b>NAME:</b>	<b>CONTACT NAME:</b>
<b>ADDRESS:</b>	
<b>PHONE:</b>	<b>E-MAIL:</b>
<b>MOSES LAKE BUSINESS LICENSE:</b>	<b>EXPIRATION:</b>

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE CONTAINER?    YES    NO    HOW MANY? \_\_\_\_\_  
 DOES THIS WORK INVOLVE MORE THAN ONE CONTAINER LOCATION ON SITE?    YES    NO    HOW MANY? \_\_\_\_\_

**Submittal of application and payment of fees DOES NOT imply permission or permit by the Moses Lake Fire Department for commencement of work.**

**APPROVED FIRE DEPARTMENT STAMPED PLANS AND A COPY OF THE ISSUED PERMIT SHALL BE KEPT ON SITE DURING CONSTRUCTION.**

**Purpose:**    Installation  Alteration

**BID AMOUNT \$** \_\_\_\_\_

*For this application review only*

INITIAL PLANS REVIEW FEE \$ \_\_\_\_\_

TECHNOLOGY FEE                    \$ \_\_\_\_\_

PERMIT FEE                            \$ \_\_\_\_\_

(continued on reverse)

**For regulated materials HMMP, LEPC, and / or SDS may be required**

If you are already aware that one or more of these apply, please attach a copy with this application

HMMP attached if applicable

LEPC / Tier II info attached if applicable

SDS attached

Site Drawing

Permit packages shall be submitted electronically

CONTAINER USE:      Stationary Use      Vehicle Refueling/filling      Portable Container Filling

NARRATIVE OF ACTIVITY/WORK TO BE PERFORMED: (including specific location of work and containers) \_\_\_\_\_

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

Quantity of Products and Container Size: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The completed installation shall pass a visual inspection by a representative of the Fire Marshal’s Office. Please call the Permit Technician at least 24 hours in advance to schedule inspections.

I hereby acknowledge that the information I have provided is correct and I agree to comply with all State and City laws and any ordinances regulating construction. I understand and agree the City of Moses Lake Fire Department has no obligation to explain every requirement and ordinance to me prior to approval of my project. I also acknowledge by signing this application I authorize any City of Moses Lake personnel access to the property at all reasonable times to ascertain relevant information, including the current condition of the property, and perform any and all inspections.

The issuance of a permit based on plans, specifications and other data shall not prevent the Fire Marshal from thereafter requiring the corrections of the errors in said plans, specifications and other data, or preventing building operations when in violation of this code of any State or City laws, rules or regulations. The granting of this permit or an approval does not presume to give authority to violate or cancel the provisions of any other Federal, State or City laws regulating construction, the performance of construction and/or operation of the project. Every permit issued under the provision of the MLMC shall expire by limitation and become null and void if the work authorized is not commenced for a period 180 days. I hereby certify that as a contractor I am currently registered and properly licensed as defined in the applicable state statute.

Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_ Applicant \_\_\_\_\_ Date \_\_\_\_\_

(By signing as “Agent” I am signing on behalf of the owner and I have the owner’s permission and authority to do so.)

For fire department use only			
Permit Number _____	Date Received _____	Review fee paid _____	Permit fee paid _____
Received by _____			