Fire Inspector's Office

(914) 722-1219 **SCARSDALE FIRE DEPARTMENT** **Fax (914) 722-1214**

50 Tompkins Road, Scarsdale NY 10583

INSTALLATION AND/OR MODIFICATION OF LIQIUD PROPANE GAS STORAGE TANKS

The undersigned hereby makes application to INSTALL, REPLACE, *or* MODIFY *Liquid Propane Gas Storage Tanks, or* EQUIPMENT. **Fee: $200.00**

Installation will meet requirements of the Fuel Gas Code of New York State and NFPA 58 (*Liquefied Petroleum Gas Code*).

DATE: __/__/___ INSTALLER'S LIC. #_____

INSTALLER'S NAME:_____ PHONE #:_____
ADDRESS:_____
CITY:_____ ZIP:_____
INSTALLER'S BUSINESS NAME:_____
ADDRESS OF INSTALLATION:_____
LOCATION ON SITE:_____
OWNER:_____

NEW TANK ( ) RELINING ( ) MODIFY EQUIP ( ) REPLACE TANK ( )
ATTACH SIDE DIAGRAM ( )

The following information must be completed for new tanks.

CAPACITY:_____ GAUGE:_____ DIMENSIONS:_____
MANUFACTURER:_____ DATE OF MFG:_____
MODEL #:_____ IDENTIFICATION #:_____

SIGNATURE OF APPLICANT_____

LOCATION APPROVED	[ ]	DATE: / / _____
HOLE & BASE APPROVED	[ ]	DATE: / / _____
TIE DOWN APPROVED	[ ]	DATE: / / _____
BACK FILL APPROVED	[ ]	DATE: / / _____
CONCRETE CAP	[ ]	DATE: / / _____
FINAL ACCEPTANCE	[ ]	DATE: / / _____