



Application / Permit

Fire Marshal's Offices

North Division – 14480 SW Jenkins • Beaverton, OR 97005 • PH 503-356-4700 • Fax 503-644-2214

South Division – 7401 SW Washo Ct, Suite 101 • Tualatin, OR 97062 • PH 503-612-7000 • Fax 503-612-7003

Installation or Event Location

Name: _____
 Address: _____
 City/County: _____
 Contact Person: _____
 Phone: _____ Fax: _____

Contractor/Installer: (When applicable)

Name: _____
 Address: _____
 City/County: _____
 Contact Person: _____
 Phone: _____ Fax: _____

Business Owner

Name: _____
 Address: _____
 City/County: _____
 Contact Person: _____
 Phone: _____ Fax: _____

Approval of local planning/zoning official when required

 Signature of Local Planning/Zoning Official

 Date

Permit Type:

- Carnivals & Fairs
- Explosives (use and handling)
- Flammable Gases (LPG Tank, see below)
- Tank Installation (flammable or combustible liquids)*
- Tank repair or replacement of piping
- Fleet Fueling
- Pyrotechnical special effects material
- Tents or temporary membrane structures*
(in excess of 200 square feet)
- Canopies (in excess of 400 square feet)
- Haunted House
- Underground Fuel Tank Removal

Date(s) of Event: _____

Description of Installation or Event:

* Plans for above ground tanks shall include a plan showing the location of any buildings, structures or other tanks, details of piping and valves, tank capacities, diking, tank design and construction, accessways, provisions for spill control, drainage control and secondary containment and required fire protection. The plans shall also indicate distances from buildings, property lines and public ways.

* Plans for tents and canopies shall include structure dimensions; exit size and arrangement; distances to buildings, property lines and parking; placement and number of fire extinguishers; exit signs (if occupant load over 50); seating arrangement (if applicable).

This Section to be Completed for Notice of Installation of Liquefied Petroleum Gas Tanks Only

This Permit does not replace any permit required by other jurisdictions.

Make of Tank _____ Type of Installation _____ Year Built _____

Flow Rate Relief Valve (CFM) _____ Date Installed _____

Name of Installer (CO.) _____ Date Installed _____

 Installer's Signature, Title & License No.

Items in this Box for Fire Marshal's Office Use Only

This section is for application approval only.

 Inspector

 Date

This section is for on-site final approval only.

 Inspector

 Date

FMZ# _____ AMOUNT RECEIVED _____ Check No. _____