

TOWN OF DOVER
BUREAU OF FIRE PREVENTION
37 N SUSSEX ST / P O BOX 389
DOVER, NJ 07802-0389
MAIN: 973-366-3260 / FAX: 973-366-9033

11/05

PERMIT APPLICATION –Storage outside of buildings of LP gas cylinders when part of a cylinder exchange program.

DATE: _____ TYPE: 2 FEE: \$166.00
PAYMENT BY CHECK OR MONEY ORDER ONLY

APPLICANT: _____

ADDRESS: _____

PHONE NO.: BUSINESS: _____ HOME: _____

CONTACT PERSON: _____ EMERGENCY PHONE # _____

PROPANE EXCHANGE LOCATION: NAME, ADDRESS, PHONE NUMBER

QUANTITIES: _____

APPLICANT MUST COMPLY WITH THE FOLLOWING FOR THIS APPLICATION:

1. MUST SUPPLY DRAWING OF LOCATION. 2. MUST HAVE CEMENT BOLLARDS PROTECTING AREA FROM VEHICLE IMPACT. 3. SUPPLY FIRE EXTINGUISHERS IN AREA. 4. LOCATION MUST BE INSPECTED BY EMPLOYEE ON A DAILY BASIS 5. LOCATION IS SUBJECT TO SPOT INSPECTION. 6. MUST BE LOCATED MORE THAN FIVE FEET FROM ANY DOORWAY OR WINDOW OPENING. 7. POST WITH NO SMOKING SIGNS.

SUBMIT APPLICATION AT LEAST 14 DAYS PRIOR TO THE INSTALLATION TO ALLOW TIME FOR REVIEW AND PROCESSING.

I hereby acknowledge that I have read this application and that the information given is correct, and that I am the owner, or duly authorized to act in the owner's behalf, and as such agree to comply with all applicable requirements of the N.J. Uniform Fire Code.

SIGNED: _____ TITLE: _____