

**TOWN OF DOVER**  
**BUREAU OF FIRE PREVENTION**  
**37 N SUSSEX ST**  
**DOVER, NJ 07801**  
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: \_\_\_\_\_