

Office of the Loves Park Fire Department  
Division of Petroleum and Chemical Safety  
400 Grand Ave.  
Loves Park, IL. 61111 (815) 654-5049

Permit for **ABOVE GROUND LPG TANKS Installation –  
Removal - Repair - Testing**

The completion and submitting of this application is mandatory for the installation &/or modification of all LPG tanks in excess of 50 gallons and all LPG tanks used for refilling smaller cylinders including vehicle refueling operations regardless of size.

1. A fee of \$100 for each tank must accompany this permit. Checks or money orders are to be made payable to the City of Loves Park.
2. Site drawing must be submitted with this form.
3. Type of activity. Installation - Removal - Repair - Testing
4. **Owner of tanks** Corporate Partnership other business entity

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

5. **Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

6. **Contractor** – Person or Company who installed tank(s).

Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Cnty. \_\_\_\_\_

Registration # \_\_\_\_\_

7. What is the purpose of the tank(s)? (more than one purpose may apply)
- |                          |   |
|--------------------------|---|
| Small cylinder refilling | Heating fuel                                    |
| Industrial processing    | Vehicle refueling                               |
| Agricultural use         | Bulk storage for tank truck or tank car filling |
| Other                    |   |

8. Are tanks constructed in accordance with ASME code?  
 If not, what specifications are the tank(s) built to? \_\_\_\_\_  
 Will the tank(s) be    Fabricated on site        Purchased prefabricated?  
 How many tanks are being installed using this permit? \_\_\_\_\_  
**( NOTE ) Installation of LPG tanks underground requires the use of a tank specifically designed and listed for that purpose.**  
 Will the installation conform to requirements of NFPA standard #58? \_\_\_\_\_  
 Is fencing and/or tamper protection provided in accordance with NFPA #58? \_\_\_\_\_  
 If LPG is dispensed from this tank will only trained personnel conduct dispensing?    YES            NO

**SELF SERVICE OF LPG BY THE GENERAL PUBLIC IS PROHIBITED !**

9. Are only trained individuals who carry documentation of their training allowed to fill, refill, dispense from or conduct repairs on this/these tanks?    YES    NO

10. Is other existing above ground storage tanks currently located at this site?  
**Yes            no**  
 Total number of tanks at this site upon completion of this permit. \_\_\_\_\_  
 Size of tanks (gallons) \_\_\_\_\_  
 Contents of tank(s). \_\_\_\_\_  
 Were the tank(s) installed new or used?    NEW    USED – Age of tanks \_\_\_\_\_  
 Are the previous tanks currently in use?        YES        NO  
**If tanks being installed are used, a letter of verification must accompany this application stating that a successful pressure test will be conducted on the used tank prior to use.**

11. List the separation distance between the LPG tank(s) and the following - - -  
 Volatile liquid bulk storage tanks \_\_\_\_\_ -  
 Property lines \_\_\_\_\_  
 Buildings \_\_\_\_\_  
 Other LPG tanks \_\_\_\_\_

12. I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that all submitted information is true, accurate and complete.

Name of applicant \_\_\_\_\_

Name of authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Company Represented \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

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For office use only

Date Received \_\_\_\_\_ Date reviewed \_\_\_\_\_

Disposition            Reviewed information and installation

Application approved    Date \_\_\_\_\_

Application rejected    Date \_\_\_\_\_

No plans were submitted with permit

Insufficient information submitted in application

Permit from State Fire Marshal's Office    Received –    NOT Received

Facility # \_\_\_\_\_ State Permit # \_\_\_\_\_

Approval Date \_\_\_\_\_

Approved By \_\_\_\_\_

Signature