

COMPRESSED GAS / CRYOGENS APPLICATION –

In accordance with the Spokane Municipal Code and the Fire, no permit-required activity or work is allowed prior to the issuance of proper permits and/or approvals by the Spokane Fire Department (SMC 17F.080.060).



44 W. Riverside Avenue
 Spokane, WA 99201-0189
 (509) 625-7000
 (509) 625-7006 Fax
 www.spokanefire.org



Date: _____

SITE INFORMATION

BUILDING/SITE NAME:				
BUILDING/SITE ADDRESS:	#	DIRECTION	STREET NAME	ZIP

BUSINESS INFORMATION

BUSINESS NAME:				
BUSINESS ADDRESS:		CITY	STATE	ZIP
MAIL ATTENTION TO:				
MAILING ADDRESS:		CITY	STATE	ZIP
(MAILING ADDRESS MUST BE INCLUDED IF DIFFERENT FROM BUSINESS ADDRESS)				
BUSINESS PHONE:		FAX#:		E-MAIL:
EMERGENCY PHONE#:	AREA CODE			NUMBER

Submission of plans and payment of fees does not imply Permission or permit by the Spokane Fire Department for project design or commencement of work.

<u>PERMIT TYPE</u>	<u>PERMIT FEE</u>	<u>Please Check</u>
Compressed Gas Storage, Use and Handling.....	\$ 88.00	_____
Carbon Dioxide (CO2) Gas Systems.....	\$ 88.00	_____
Cryogenics Production, Storage, Transport, Use, Handling or Dispensing.....	\$ 88.00	_____

Permittees are subject to additional inspections fees, which shall apply in a minimum of one hour increments for each permit fee category, for additional time spent on inspection services to include code research and return site visits.

PROJECT NARRATIVE: (Including *specific* location of work and tank(s)) _____

Describe Physical Securing of Containers: _____

Describe Product Handling Safety Precautions: _____

Location of Compressed Gas or Cryogenics: _____

QUANTITY OF PRODUCT(S): _____

VENTILATION: Not Required Passive Mechanical – automatic Mechanical - manual

STORAGE: Room Containment Area

Indicate What the Surface Material is Under the Container (Cryogenics only): _____