

# Bullhead City Fire Department

## LPG Tank Installation Permit

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Location or Site of Installation: \_\_\_\_\_

\_\_\_\_\_ Size of Tank (GWC): \_\_\_\_\_

**When you are ready for an inspection, please call Fire Station 2 at 754-2001, ext. 4221**

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Sketch below a site plan of the tank and location of the Installation with all exposures including, but not limited to, buildings, driveways, fences, walls, washes, etc. with dimensions and distance in feet from the exposure to the tank.

### Tank Site Sketch



Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Initials: \_\_\_\_\_

Plan Review Date \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Initials \_\_\_\_\_

Inspection Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector