EXCAVATION OR BELOW GRADE WORK WITHIN 10 FEET OF ANY PIPELINE USED FOR TRANSPORATION OF FLAMMABLE OR COMBUSTIBLE LIQUIDS PERMIT APPLICATION

LINCOLN COUNTY FIRE MARSHAL'S OFFICE
MAILING ADDRESS: 115 WEST MAIN STREET, LINCOLNTON, N.C. 28092
OFFICE ADDRESS: 302 NORTH ACADEMY STREET, LINCOLNTON, N.C. 28092
PHONE 704-736-8516
FAX 704-736-8697

APPLICATION TO MAINTAIN, STORE OR HANDLE MATERIALS, OR CONDUCT PROCESSES WHICH PRODUCE CONDITIONS HAZARDOUS TO LIFE OR PROPERTY, OR TO INSTALL EQUIPMENT USED IN CONJUNCTION WITH SUCH ACTIVITIES AS REQUIRED BY THE NC STATE BUILDING CODE - FIRE PREVENTION CODE

APPLICATION IS HEREBY MADE BY THE UNDERSIGNED FOR A PERMIT TO

_____ USE
_____ INSTALL
_____ OPERATE
_____ CONDUCT

EXCAVATION OR BELOW GRADE WORK AROUND PIPELINE

IN OR ON THE PREMISES KNOWN AS_____,
THE FOLLOWING MATERIALS, PROCESSES OR OPERATIONS (describe briefly what is to be done and state what hazardous materials are to be used);

INFORMATION REQUIRED: (Continue on additional pages if needed)

1. State what NFPA Codes are to be met
2. State what NC State Building Code – Fire Prevention Codes are to be met
3. Sketch or map showing the location operations and pipeline in relation to the work to be preformed
4. No smoking and NFPA 704M signage to be placed in accordance to fire official if required
5. Type, size, quantity and location of Fire Protection Equipment
6. Start date and projected completion date of work to be done
7. Written verification signed and dated by both the contractor /owner and the pipeline official assuring the work to be preformed are acceptable and in accordance with submitted plans and specifications between the abovementioned parties

This application shall be considered valid as long as the above criteria, codes and local ordinances are met.

Conditions, surroundings and arrangements to be in accordance with the NC State Building Code - Fire Prevention Code. Complete plans and construction details must be filed on all major projects when requested by the Fire Marshal's Office.

_____
BUSINESS NAME

_____
BUSINESS ADDRESS, CITY, STATE, ZIP CODE

_____
APPLICANT'S SIGNATURE

PHONE NO. _____

DATE _____

In so far as the NC State Building Code – Fire Prevention Code is concerned, this application is

_____ Approved _____ Not Approved

_____
FIRE MARSHAL

DATE _____