

FUEL STORAGE REVIEW APPLICATION

1. NEW PLAN REVIEW RESUBMITTAL

ASSOCIATED EXISTING PROJECT: P0 _____

EXISTING PROJECT NAME: _____

2. REVIEW TYPE:



3. Project Name: _____

Street Address: _____

Suite or Space No: _____

City: _____ Within city limits? Yes No

State: LA Zip: _____ - _____ Parish: _____

STATE OWNED STATE LICENSED STATE LEASED MUNICIPAL PROJECT

PRIVATE PROJECT FEDERALLY OWNED FEDERALLY FUNDED

Estimated Cost of Project: \$ _____

Project Description: _____

4. Please select the Fuel Storage Tank type and sub-type:

- Above Ground Tank:
 - Floating Roof
 - Horizontal & Vertical Tank with EM Relief Vent
 - Vertical with Weak Roof-to-Shell Seam
 - Protected Above Ground Tank
- Below Ground Tank
- Container
- Generator < 600 gal
- Generator > 600 gal
- Other

5. Protection of Above Ground Tank (if above ground is indicated):

- Protection for Exposure
- Approved Foam or Inerting System
- None

6. Select all Classifications of Fuel to be stored:

- Class IA
- Class IIIA
- Class IB
- Class IIIB
- Class IC
- Class II
- Other/ Description of other: _____

7. # of tanks _____ Gallons per Tank: _____ Class of fuel: _____ Single Wall: _____ Double Wall: _____
 # of tanks _____ Gallons per Tank: _____ Class of fuel: _____ Single Wall: _____ Double Wall: _____
 # of tanks _____ Gallons per Tank: _____ Class of fuel: _____ Single Wall: _____ Double Wall: _____

8. Tank Standard: _____ (as per NFPA 30:21.4.2 Design Standards for Storage Tanks)

9. Is there a fuel dispensing unit? _____

10. APPLICANT(S) (P.O.R. / OWNER / TENANT / CONTRACTOR / ADDITIONAL CONTACT) AS APPLICABLE

PROFESSIONAL OF RECORD

P.O.R is a Louisiana Licensed Engineer Louisiana License Number: _____

Architect Louisiana License Number: _____

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

OWNER

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

TENANT

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

CONTRACTOR

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

ADDITIONAL CONTACT

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

NAME OF FIRM PHONE FAX EMAIL

STREET ADDRESS

ZIP Code PARISH/COUNTY CITY STATE

11. DOCUMENTS PROVIDED FOR REVIEW

Correspondence Plans Shop Drawings Specifications Photographs

This section allows the applicant (any owner, professional of record, contractor, developer, or manufacturer) to clearly identify all records containing proprietary or trade secret information submitted to the Office of State Fire Marshal, as documents that contain confidential, proprietary, or trade secret information, in accordance with the Public Records Law, specifically R.S. 44:3.2(D). Any record disclosures will be made in accordance with the Public Records Law.

DOCUMENT CONTAINS CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

DOCUMENT DOES NOT CONTAIN CONFIDENTIAL PROPRIETARY OR TRADE SECRET INFORMATION

12. REVIEW FEE & PAYMENT

- Money orders, cashier's checks, certified checks, and company checks are accepted. Personal checks accepted – must include LA driver's license number on check.
- Fees include postage and handling.
- Only one complete set of plans and specifications shall be submitted to this office for review.

ITEM	NUMBER OF TANKS	REVIEW FEE \$	SUB TOTAL FEES \$
Single tank	1	x \$75	= \$ 75
Each additional tank (2 and above)		x \$30	= \$
Calculated fee attached			= TOTAL \$