



LOCKHART FIRE RESCUE

LIQUEFIED PETROLEUM GAS APPLICATION

INSTALLATION _____

REMOVAL _____

Physical
Address: _____

Property Owner: _____

Name of Company: _____

Name of Operator: _____

Address: _____

Phone: _____ Fax: _____

Emergency Contact Name & Number during project: _____

License Type & Number: _____

Permitted Equipment: _____ LPG Wholesale _____ LPG Portable Cylinder

Container Capacity (Water Gallons) _____

Serial Number: _____

Vehicle Make: _____ Model: _____ Year: _____ License #: _____

Three (3) sets of detailed blueprint drawings depicting the LPG system, including, but not limited to: lay out of the property with planned measurements from all structures, Equipment , property lines, and roadways, The location of the storage equipment and tanks, Piping, protective fencing and/ or structures.

Application may be e-mailed durhamconst312@gmail.com

Full Plans need to be sent via above e-mail or contact Gib Watt @ 830-481-3214. Application & Plans must be reviewed and permit issued prior to actual Construction occurrence. Manufacture's Data Sheet(s) shall be provided for all devices.

The Fire Marshal's Office shall witness all final testing prior to the occupancy of the building, or use of the equipment.

I hereby attest that the information provided in the application is true and correct to the best of my belief: that as permittee, the installation shall be in accordance with all national, state and local recognized standards and codes governing LPG Storage and/or Distribution systems, whether or not herein specified.

(Signature of Applicant)

(Date)

**Fire Code Official / Designee
City of Lockhart**

(Date Approved)

Permit Number Issued: _____



LOCKHART FIRE RESCUE LIQUEFIED PETROLEUM GAS PERMIT

Permit # _____

INSTALLATION _____

REMOVAL _____

Physical Address: _____

Property Owner: _____

Name of Company: _____

Name of Operator: _____

Address: _____

Phone: _____ Fax: _____

License Type & Number: _____

Permitted Equipment: _____ LPG Wholesale _____ LPG Portable Cylinder

Container Capacity (Water Gallons): _____

Serial Number: _____

Vehicle Make: _____ Model: _____ Year: _____

License Number: _____

This form states that the application, plans and other documentation have been received, reviewed and appears to meet requirements. As such, the above listed applicant may build the approved system with required "marked up" changes. Any additional changes made during install will require contact of the Fire Marshal's Office and may require additional requirements. Final inspection of the system shall be conducted upon completion. This does not negate the possibility of site inspections by the Fire Marshal's Office or their designee during construction of the system.

Reviewer

Date

Fire Code Official / Designee
City of Lockhart

Date Issued

OFFICE USE

Date System completed and Final Inspection performed: _____

Inspected By: _____