

# 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.spokane-fire.org



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

## SITE INFORMATION

<b>BUILDING/SITE NAME:</b>				
<b>BUILDING/SITE ADDRESS:</b>	#	DIRECTION	STREET NAME	ZIP

## BUSINESS INFORMATION

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

**Submittal 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	_____
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): \_\_\_\_\_  
 IFC 3203.6.1.2