



Mission Fire Department
Fire Prevention Bureau

415 W. Tom Landry
Mission, Texas 78572

Telephone: (956) 580-8711

Fax: (956) 580-8712

PERMIT APPLICATION TO INSTALL LIQUEFIED PETROLEUM (LP) GAS

For Office Use Only

Pemit No.: _____
Amount Paid: _____

Approved By: _____
Date Approved: _____

Installation Site

Owner of Tanks

NAME OF BUSINESS/COMPANY (D/B/A)

OWNER/OPERATOR/COMPANY NAME

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP CODE

CITY STATE ZIP CODE

()
TELEPHONE NUMBER COUNTY

()
TELEPHONE NUMBER COUNTY

Installation Contractor

Type of Facility

COMPANY NAME

STREET ADDRESS

CITY STATE ZIP CODE

() ()
TELEPHONE NUMBER FAX NUMBER

- ☐ Commercial
☐ Private Use
☐ Bulk Plant
☐ Service Staion (Filing/Resale)
☐ Industrial Stand-By
☐ Other (please specify): _____

Mission Fire Department and Fire Prevention Bureau

1 Tank Information:

- a) Tank Type: ☐ ASME ☐ API-ASME
b) Installation is to be: ☐ Permanent ☐ Temporary
c) Tank Usage: ☐ Aboveground ☐ Underground

d) Number of tanks to be installed:

e) Legible Data Plates:

Yes

No

f) Tank Capacity (Gallons):

Tank #1

Tank #2

g) Tank National Board Number:

Tank #1

Tank #2

h) Manufactured Year of Tank:

Tank #1

Tank #1

A tank "Manufacturer's Data Report for Unfired Pressure Vessels" (Form U-1A) must accompany this application for approval.

i) Distance of nearest tank to closest property line which may be built upon:

_____ feet

j) Distance of nearest tank to closest important building on the same property:

_____ feet

k) Type of liquid level gauging device:

☐ Slip Tube

☐ Rotary Tube

☐ Float

☐ Combination

☐ Not Applicable

l) ☐ Type of tank relief device:

☐ Internal

☐ External

m) What are the dimensions for each tank:

Tank #1

-

feet x

-

feet

LENGTH

DIAMETER

n) Relief Valve Capacity:

CFM

Tank #1

Tank #2

o) Will each tank over 2,000 gallons W.C. have an adequate pressure guage?

☐ Yes

☐ No

p) Will each aboveground tank be painted a light -reflecting color?

☐ Yes

☐ No

q) 1. Indicate if tank(s) will be surrounded with industrial type fence with two (2) separate openings:

☐ Yes

☐ No

2. If no, will the valves and equipment be protected from tampering?

☐ Yes

☐ No

r) Indicate if tank and related piping sytem will be protect form vehicular damage:

☐ Yes

☐ No

s) Indicate if a temperature gauge will be provided?

☐ Yes

☐ No

2 Piping Information (Please check all that apply):

a) Indicate type of piping:

☐ Steel

☐ Wrought Iron

☐ Brass

☐ Copper

☐ Polyethylene

Indicate type of tubing:

☐ Steel

☐ Brass

☐ Copper

☐ Polyethylene

b) Indicate type of fittings:

☐ Steel

☐ Brass

☐ Copper

☐ Malleable

c) Indicate type of Service:

☐ Liquid

☐ Vapor

☐ Both Liquid & Vapor

- d) Specify pressure settings on hydrostatic relief valves to be 400-500 PSIG: ☐ Yes ☐ No
- e) Aboveground liquid and vapor piping is to be properly supported between the tank, transfer points, and utilization points: ☐ Yes ☐ No
- f) Indicate if back-flow check valve is to be used in liquid line supplying the tank ☐ Yes ☐ No
 Indicate if any piping will be located underground: ☐ Yes ☐ No
 Depth of underground metal piping: _____ inches
1. Will corrosion protection provided on underground metal piping? ☐ Yes ☐ No
2. If cathodic protection is utilized on underground metal piping, will an insulating fitting be installed at each point where the pipe emerges from the ground? ☐ Yes ☐ No
- g) After assembly, will piping system (including hose) shall be tested at not less than the normal operating pressure and be proven free of leaks? ☐ Yes ☐ No

3 D.O.T Container Filling Information:

- a) Will a hydrostatic relief valve be provided for hoses which normally contain liquid (wet hose): ☐ Yes ☐ No
- b) Will the point of transfer be at least :
1. Ten (10) feet from buildings with one (1) hour fire resistive walls: ☐ Yes ☐ No
 2. Twenty-five (25) feet from buildings with other than fire resistive walls: ☐ Yes ☐ No
 3. Twenty-five (25) feet from wall openings or pits below the level of transfer where vapors can collect: ☐ Yes ☐ No
 4. Twenty-five (25) feet from adjoining property which can be built upon: ☐ Yes ☐ No
 5. Twenty-five (25) feet from public ways (streets, sidewalks, thoroughfares, etc.): ☐ Yes ☐ No
 6. Indicate if a remote electrical shut-off will be provided for transfer equipment: ☐ Yes ☐ No
 7. Will remote electrical shut-off be conspicuously marked? ☐ Yes ☐ No
- c) Will an excess-flow valve or an ESV be provided in the steel piping at the point of the dispensing hose attachment? ☐ Yes ☐ No
- d) If the installation will be used as a motor fuel station, will a list emergency breakaway device be installed in the dispensing hose? ☐ Yes ☐ No ☐ N/A

Fee Schedule

A permit charge of \$50.00 for each additional tank is required for this review. **The required fee must accompany your application for permit.** Your check or money order should be made payable to the "City of Mission". The name and location of the project must be indicated on the check or money order.

I, the undersigned, do hereby agree that this installation shall comply with all applicable requirements of the "Standards of Safety" and all other applicable standards as required. All answers in this application are true and accurate to the best of my knowledge.

Contractor (Signature)

Date

Did you enclose your plan review fee? ☐ Yes ☐ No Amount: \$ _____ .00

Note: Site plan, specifications and check or money order must accompany this document before approval

Approval by the City of Mission Fire Marshal's Office

LOCATION NAME

IF THE NAME HAS CHANGED, WHAT WAS IT PREVIOUSLY CALLED

STREET ADDRESS

CITY

COUNTY

PERMIT NUMBER

This storage tank system was tested on _____ with satisfactory results.

Fire Inspector

Badge #

Date

Site Plan

