FUEL STORAGE REVIEW APPLICATION

1. NEW PLAN REVIEW  RESUBMITTAL

ASSOCIATED EXISTING PROJECT:  P0

EXISTING PROJECT NAME:  

2. REVIEW TYPE:

FUEL STORAGE TANK(s)

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:

Class of fuel:  Single Wall:  Double Wall:  

# of tanks  Gallons per Tank:  
# of tanks  Gallons per Tank:  
# of tanks  Gallons per Tank:  

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?  

FUEL STORAGE
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.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>NUMBER OF TANKS</th>
<th>REVIEW FEE $</th>
<th>SUB TOTAL FEES $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single tank</td>
<td>1 x</td>
<td>$75</td>
<td>= $ 75</td>
</tr>
<tr>
<td>Each additional tank (2 and above)</td>
<td>x</td>
<td>$30</td>
<td>= $</td>
</tr>
<tr>
<td>Calculated fee attached</td>
<td></td>
<td></td>
<td>= TOTAL $</td>
</tr>
</tbody>
</table>