

Town of Uxbridge Fire Department
Application and Permit to Store LP-gas 04_2019
A fee of \$25.00 is required at the time of this application. Paid [] check # _____

----Application for permit to store LP-gas----

Address of installation (no lot numbers) _____

Owner or Occupant : _____

Address (if different than above) _____ Phone : _____

Person or Corporation making installation : _____

Address : _____ Phone : _____

Contact Person : _____ Fax or Email : _____

Number of containers to be installed : _____ []AST []JUST size of each container in gallons : _____

Total LP-gas storage on property after this installation, including remaining existing storage: _____(gallons)
(if total storage is greater than 2000gallons, a copy of the license as required by 527CMR 1:00 table 1.12.8.50 shall be submitted with this application)

This LP-gas storage will be used for : _____

******Storage amount not to exceed 10 gallons until inspected and permit is issued by the Fire Department******

I certify by signing below, that the above installation was completed, and complies with 527 CMR 1: chapter 69.

Name : _____ Signature : _____ Date : _____

----Fire Department use only----

PERMIT # _____

Once this section is signed by the Fire Department, this permit will be in effect for the amount of LP-Gas storage listed in the above section.

This permit will expire if the LP-Gas storage amount changes, if the installation is changed or modified in any way, or the provisions of 527CMR 1:00 are not complied with.

Date Issued _____ Issued by _____ Signature _____

[] File copy to person or corporation who made installation []