

Permit #	
Date	

F&C LIQUIDS INTENT TO INSTALL

EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.

Installation Information	OwnerAddress City Telephone	State Email	ZIP code		
	Installation Location (if different from owner address)				
	Address	Chaha	710 4-		
	City		ZIP code		
	Municipality name		☐ City ☐ Township		
	Authorized Agent/Installer	.,, = 20.009	_ c.c,cp		
	Name				
	Address				
	City	State	ZIP code		
	Telephone				
Installation Type	Specify type of installation(s) involved and be sure to include application for the				
.,,,,	☐ Aboveground Tank(s)	_			
	☐ Attended Self-Service Station	☐ Ethanol-85	% Facility		
Use of Installation	☐ Aircraft fueling ☐ Bu	ılk Storage	☐ Fleet Fueling		
Ilistaliation	☐ Fuel Oil Storage ☐ Ma	arine Fueling	☐ Unattended Self-Service		
	\square Other if checked, explain:				
Variance	Is a variance needed for this installation? ☐ Yes ☐ No If required, submit one copy of form LIIB-121 "Flammable & Combustible Liquids Variance Request."				
Filing Requirements	FEE SCHEDULE: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by email BOILERS@pa.gov, by telephone at (717) 787-3806 option 3 or by fax at (717) 705-7262.				
	Make all checks and money orders	payable to the Comm	onwealth of Pennsylvania.		
	Mail this application, your payment and any additional documentation to:				
	PA Department of Lab BOIS – Boiler Division 651 Boas Street, Roo Harrisburg, PA 17121	n m 1606			
For L&I Use Only	Check #: Amou	ınt: \$	_Bates #:		

Permission to Install	Permission is hereby granted to proceed with the installation described on this application. The installation may only be used after it has been inspected and found to be in compliance with the Combustible and Flammable Liquids Act and its regulations.		
	F&CL Supervisor Signature	Date	
Inspector Assignment	Contact the Inspector named below to installation.	arrange a final inspection of this	
	Inspector Name	Telephone	
Inspection Findings			
	Inspector Signature	Date	