

# **GAS LINES & TANKS**

## **Please submit/upload plans in PDF format**

Please indicate items submitted with a checkmark (√)

Please upload [this Checklist and any Required Forms](#) in **.pdf format** to the appropriate category [<Survey>](#) [<Building Plans>](#) [<Supporting Docs>](#) [<NOA>](#) following the TOJ Naming Convention found in Help Documents

### **GAS LINES (Lines ONLY-No Tank)**

Create online as: **Commercial Gas Lines** or **Residential Gas Lines**

### **Natural Gas & LP (Lines ONLY-No tank)**

1. Drawings to include:
  - > Pipe Type \_\_\_\_\_ > BTU rating of appliance \_\_\_\_\_
  - > Pipe Length \_\_\_\_\_ > Sizing Tables used in design \_\_\_\_\_
  - > Proposed gas pressure \_\_\_\_\_ > Sizing Method used in design \_\_\_\_\_
  - > Pipe Size \_\_\_\_\_
2. Type of vent and vent cap (NG only) \_\_\_\_\_
3. Vent size (NG only) \_\_\_\_\_
4. Commercial applications require PBC Fire Rescue review and fees \_\_\_\_\_

### **LP GAS TANKS & LINES**

Create online as: **Commercial Gas Tank and Lines** or **Residential Gas Tank and Lines**

### **LP Tanks and Lines**

1. Above ground or underground? AG/UG \_\_\_\_\_
2. Survey/Site plan with setbacks & required height & screening per TOJ Ordinance \_\_\_\_\_
3. Size of tank \_\_\_\_\_
4. Tank specifications \_\_\_\_\_
5. Removing underground? Y/N \_\_\_\_\_
6. Drawings to include:
  - > Pipe Type \_\_\_\_\_ > Pipe Size \_\_\_\_\_
  - > Pipe Length \_\_\_\_\_ > BTU rating of appliance \_\_\_\_\_
  - > Proposed gas pressure \_\_\_\_\_ > Sizing Tables used in design \_\_\_\_\_
7. Commercial applications require PBC Fire Rescue review and fees \_\_\_\_\_

### **GASOLINE & FUEL STORAGE TANKS**

Create online as: **Commercial Alteration**

1. Survey/Site plan with tank location and setbacks – indicate location of water lines \_\_\_\_\_
2. Size of tank – Tanks >550 gallons require D.E.R. permit \_\_\_\_\_
3. Wellfield protection form required \_\_\_\_\_
4. PBC Fire Rescue review and fees required \_\_\_\_\_



PALM BEACH COUNTY FIRE-RESCUE  
PLANS REVIEW APPLICATION



NO. \_\_\_\_\_

FP# \_\_\_\_\_

PERMIT # \_\_\_\_\_

TO BE FILLED OUT BY APPLICANT

THE UNDERSIGNED HEREBY APPLIES FOR PLANS TO BE REVIEWED FOR COMPLIANCE OF PALM BEACH COUNTY FIRE CODE:

PROJECT NAME: \_\_\_\_\_

ADDRESS OF PROJECT: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

- \_\_\_\_\_ CONSTRUCTION      \_\_\_\_\_ REVISE      \_\_\_\_\_ ALTERATION
- \_\_\_\_\_ MULTIPLE DWELLING      \_\_\_\_\_ CIVIL      \_\_\_\_\_ COMMERCIAL
- \_\_\_\_\_ INTERIOR      \_\_\_\_\_ HOOD SYSTEM      \_\_\_\_\_ FUEL TANK/LINES
- \_\_\_\_\_ LP GAS      \_\_\_\_\_ FIRE ALARM      \_\_\_\_\_ FIRE SPRINKLER
- \_\_\_\_\_ FIRE SUPPRESSION      \_\_\_\_\_ HVAC      \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
NAME OF OWNER OR ENGINEER      ADDRESS OF OWNER OR ENGINEER

\_\_\_\_\_  
NAME OF CONTRACTOR      ADDRESS OF CONTRACTOR

\_\_\_\_\_  
PRINT APPLICANT/ CONTACT NAME      APPLICATION DATE

\_\_\_\_\_  
TELEPHONE NUMBER      \_\_\_\_\_ FAX NUMBER      \$ \_\_\_\_\_  
VALUATION OF PROPOSED WORK

FOR OFFICE USE ONLY      PALM BEACH COUNTY FIRE RESCUE

FIRE REVIEW FEE  \$	CHECK # _____ DATE REC'D _____	MSTU _____	_____ FIRE DEPT OFFICIAL
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