



City of Monroe – Fire Construction Permit Submittal Requirements

Flammable and Combustible Liquids In accordance with IFC 105.7.5

SCOPE:

- To repair or modify a pipeline for the transportation of flammable or combustible liquids.
- To install, construct or alter tank vehicles, equipment, tanks, plants, terminals, wells, fuel-dispensing stations, refineries, distilleries and similar facilities where flammable and combustible liquids are produced, processed, transported, stored, dispensed or used.
- To install, alter or remove a flammable or combustible liquid tank. **Note: Removal is the only acceptable way to decommission a UST.**

ADDITIONAL PERMITS REQUIRED:

- Operational Fire Permit
- Structural Building Permit (for engineering of structural base) may be required if there is an installation in which a supporting base is necessary. (Permit application and submittal requirements available at Monroe City Hall. Please contact the Permit Department at (360) 794-7400).

PERMIT SUBMITTAL REQUIREMENTS:

The following must be submitted as a complete package.

- Permit Application
- Permit Checklist
- 3 copies of your scaled site plan, indicating:
 - Scope and area of work
 - Distances to buildings, property lines, parking areas, driving lanes, other flammable or combustible tanks, vessels, motor fueling areas, shut off switches, building openings, vehicle protection, incompatible materials, etc.
 - Location and type of fire protection (fire sprinklers, fire extinguishers)
- 3 copies of your project detail showing both plan view & elevation view, indicating:
 - Design, construction and specifications of project
 - Type and location of required signage, labels and placards
 - Fill and discharge lines
 - Vehicle protection installation (if applicable)
 - Explosion control (if applicable)
 - Vent lines, outlets and manifolds (if applicable)
 - Other tank openings (if applicable)
 - Fill and discharge lines
- 1 copy of MSDS for each liquid product



Permit Checklist:

Applicant Name: _____ **Date:** _____

Site Address: _____ **Permit #** _____

Description of Project: _____

This application is for a flammable or combustible liquid (**mark all that apply**):

- Underground Storage Tank
- Aboveground Storage Tank
- Pipeline
- Plant (including refineries, distilleries, terminals, wells)
- Tank Vehicle or equipment
- Motor vehicle fuel Dispensing Station

This project involves (**mark all that apply**):

- Installation
- Removal
- Abandonment in place (not allowed for UST)
- Alteration or modification to an existing, permitted project

Flammable or combustible liquids for this permit will be (**mark all that apply**):

- Produced
- Processed
- Transported
- Stored
- Dispensed
- Used

Indicate the Classification of Liquid (consult your MSDS if necessary):

- IA
- IB
- IC
- II
- IIIA
- IIIB

Quantity of Liquid in gallons: _____

If a tank is to be installed, indicate the standard or listing on the tank:

- UL 2085
- NFPA 30A
- Other: _____

Describe the method of secondary containment proposed:



FOR OFFICE USE ONLY	
Permit #(s)	_____
Eng. #	_____
Date:	_____

MONROE FIRE DEPARTMENT
 163 Village Court • Monroe, WA 98272
 Phone: (360) 794-7666 • Fax: (360) 794-0959

COMMUNITY DEVELOPMENT / ENGINEERING
 806 West Main Street • Monroe, WA 98272
 Phone: (360) 794-7400 • Fax: (360) 794-4007

CITY OF MONROE – Combined Permit Application

Permit Submittal Hours Monday through Friday:

Building, Fire & Land Use permits: 9:00 am – 12:00 pm & 2:00 pm – 4:00 pm
 Engineering permits: 8:00 am – 5:00 pm

- | Building | Engineering | Fire | Land Use |
|--|--|---|---|
| <input type="checkbox"/> Building (new construction) | <input type="checkbox"/> Engineering Review | <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Accessory Dwelling Unit |
| <input type="checkbox"/> Commercial T/I | <input type="checkbox"/> Fencing | <input type="checkbox"/> Fire Sprinkler | <input type="checkbox"/> Boundary Line Adjustment/Lot Consolidation |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Grading | <input type="checkbox"/> High Piled Storage | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Garage/Carport | <input type="checkbox"/> Retaining wall | <input type="checkbox"/> Hood Suppression | <input type="checkbox"/> Rezone |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Rockery | <input type="checkbox"/> Spray Booth | <input type="checkbox"/> Shoreline Substantial Develop. |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Right-of-Way Disturbance | <input type="checkbox"/> Tents & Canopies | <input type="checkbox"/> Short Plat |
| <input type="checkbox"/> Residential Remodel | <input type="checkbox"/> Special Flood Hazard Area | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Subdivision |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Utility Service | | <input type="checkbox"/> Planned Residential Develop. |
| <input type="checkbox"/> Other _____ | | | <input type="checkbox"/> Variance |
| | | | <input type="checkbox"/> Other _____ |
- *Please note that all required Electrical Permits will be issued by the Dept. of Labor & Industries.*

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS

Site Address or Property Location: _____
 Size of site (acre/square feet): _____
 Assessor's Tax Parcel Number (14 digits): _____

Applicant: _____ Phone # (____) _____
 *Signature: _____ Printed Name: _____
 Mailing Address: _____ Fax # (____) _____
 City _____ State _____ Zip _____ E-mail _____

Property Owner: _____ Phone # (____) _____
 **Signature: _____ Printed Name: _____
 Mailing Address: _____ Fax # (____) _____
 City _____ State _____ Zip _____ E-mail _____

ATTACH A SEPARATE SHEET FOR ADDITIONAL PROPERTY OWNERS/ADDITIONAL ADDRESSES

*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf.

**Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.



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Contractor: _____ Phone # _____

Fax #: _____

Contractors License # _____ Exp Date _____

Mailing Address _____

Contractor's Bond Company: _____

Contractor's Bid Amount or Project Cost (labor and materials): \$ _____

Detailed description of proposal/work:

Lending Institution for project (if applicable): _____

FOR OFFICE USE ONLY

Plan Check Fee: _____	Permit Fee: _____
Fire Plan Check Fee: _____	State Fee: _____
Other Fees: _____	SEPA Fee: _____