



NASSAU COUNTY FIRE COMMISSION
OFFICE OF FIRE MARSHAL
 Nassau County Public Safety Center
 1194 Prospect Avenue
 Westbury, NY 11590
 516-573-9900

| | | |
|-----------------|---|---------------------|
| Plan ID # _____ | <i>Plans for Flammable Gas Installation</i> Installation Plan on Back | Location ID # _____ |
|-----------------|---|---------------------|

| | | | | | | | | |
|---|--------------------|-------|-----|--|--|--|--------------------------------------|--|
| TANK LOCATION | | | | | | | | |
| End User (Last Name, First Name) _____ | | | | | | | | |
| Street Address _____ | Village, Zip _____ | | | | | | | |
| Nearest Intersection _____ | Phone Number _____ | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center; padding: 2px;">Section</td> <td style="width:33%; text-align: center; padding: 2px;">Block</td> <td style="width:33%; text-align: center; padding: 2px;">Lot</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table> | Section | Block | Lot | | | | Gas Supplied By & Phone Number _____ | |
| Section | Block | Lot | | | | | | |
| | | | | | | | | |

| | |
|--|--------------------|
| PROPERTY OWNER | |
| Property Owner (Last Name, First Name) _____ | Phone Number _____ |
| Street Address _____ | Village, Zip _____ |

| Tank(s) Size & Capacity | Piping Construction & Size | Tank Support (Const. & Size) | Installation Date |
|-------------------------|----------------------------|------------------------------|-------------------|
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All flammable gas tank(s) shall be installed as per the requirements of the Nassau County Fire Prevention Ordinance, National Fire Protection Association Standards and any other authority having jurisdiction.
 Installer shall notify the Nassau County Office of Fire Marshal of the date installation is to start.
 Installer shall notify the Nassau County Office of Fire Marshal upon completion of each installation.
 Flammable gas containers shall filled only by persons holding a valid Certificate of Fitness, issued by the Nassau County Office of Fire Marshal.
 Provide a copy of the property survey.

SUBMIT A COPY OF THIS FORM FOR THE INSTALLATION NOTIFICATION

| | |
|-----------------|--|
| APPROVAL | <p align="center">Distance Specification in Feet (to nearest)</p> Building _____ Building Opening _____ Source of Ignition _____ Property Line _____ Flamm/Comb Liquid Storage Tank _____ Licensed Plumber of Record _____ |
|-----------------|--|

FOR FIRE MARSHAL USE ONLY

Check # _____ Date Rec'd _____
 Amount Rec'd _____

SUBMIT 3 COPIES of PLANS