

**NOTICE OF LP-GAS INSTALLATION**

Date of Installation: \_\_\_\_\_

- THIS IS A TEMPORARY LIQUEFIED PETROLEUM GAS VAPOR SYSTEM WITH AN AGGREGATE WATER CAPACITY OF 251 GALLONS BUT NOT OVER 2,000 GALLONS TO BE USED AT A CONSTRUCTION SITE FOR SIX MONTHS OR LESS. N.J.A.C. 5:18-6.4.
- THIS IS A TEMPORARY LIQUEFIED PETROLEUM GAS VAPOR SYSTEM WITH AN AGGREGATE WATER CAPACITY OF 2,001 GALLONS UP TO 9,999 GALLONS TO BE USED AT A CONSTRUCTION SITE FOR SIX MONTHS OR LESS. AN INSPECTION BY THE OFFICE OF THE DIRECTOR IS REQUESTED. N.J.A.C. 5:18-6.3 (a) 1. (Note: Use over six months shall be treated as a new installation and shall require submittal of plans in accordance to N.J.A.C. 5:18-6.1)

1. NAME OF SYSTEM OPERATOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. WORKSITE LOCATION (Name of Bldg./Const. Site): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Crossroads – other landmarks \_\_\_\_\_

3. NAME OF SYSTEM OWNER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

4. SIZE OF INSTALLATION:

<u>CONTAINER</u>	<u>WATER CAPACITY</u> (Gallons)	<u>NAT BOARD No. /</u> <u>SERIAL No.</u>	<u>ABOVE</u> <u>GROUND</u>	<u>UNDER</u> <u>GROUND*</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

INSTALLED BY (Company): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

\* **CATHODIC** PROTECTION IN ADDITION TO A SUITABLE COATING FOR CORROSION PROTECTION IS TO BE PROVIDED FOR ALL ASME CONTAINERS FOR UNDERGROUND AND MOUNDED INSTALLATIONS.

**CERTIFICATION:** I CERTIFY THAT THIS FACILITY WILL BE INSTALLED, PROTECTED AND TESTED IN ACCORDANCE WITH N.J.A.C. 5:18 LIQUEFIED PETROLEUM GASES AS APPLICABLE AND TO NFPA 58 STANDARDS AS REQUIRED BY THE REGULATION.

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

THIS FORM MUST BE FULLY COMPLETED.

DATE: \_\_\_\_\_

**NOTE: THIS “NOTICE OF LP GAS INSTALLATION” MUST BE FILED WITHIN TEN DAYS OF ACTUAL INSTALLATION TO THE OFFICE OF THE DIRECTOR, AFTER OBTAINING THE NECESSARY PERMITS.**