



CITY OF HINESVILLE
FIRE DEPARTMENT

Hazardous Material Permit Application
(COMPRESSED GAS OR LIQUEFIED PETROLEUM GAS)

Plans must be provided along with your application

(Please Print)

Name of Applicant: _____
Mailing Address: _____
Telephone Number(s): _____
Email Address: _____
Site Address: _____
Contractor: _____
Start Date: _____

Description of Cylinders:

Number: _____ Capacity: _____ Fuel Type: _____

Manufacturer's Name: _____ Label Approval: _____ Listing #: _____

Other Pertinent Information:

Type of Installation

Compressed Gas? YES NO Liquefied Petroleum Gas YES NO

Note to Applicant: All work shall be in full compliance with State and Local applicable codes, standards and statutes. The Applicant/Installer is responsible to notify the Hinesville Fire Department a minimum of 48 hours prior to request for inspection.

I have read and understand the above and agree to the conditions.

Date Permittee or Permittee's Agent (Signature)

Fire Department Recommendation: Approved Disapproved

Date Fire Chief or Authorized Agent

Comments

Permit Fee: \$50 Paid by: Check # _____ Cash Credit