

APPLICATION

Liquefied Petroleum Gases (Tanks and Cylinders)



Building & Safety Department - Bureau of Fire Prevention
555 S. 10th St., Suite 203, Lincoln, NE 68508
Phone (402) 441-7521

REV. 12/29/21

ST Permit Number (OFFICE USE)

ALL fields are required to be completed. If fields are left blank, the application may be DELAYED.

Please select the type of tank this application applies to:

- ☐ Tanks QTY? _____
☐ Cylinders QTY? _____

Please indicate the type of facility:

- ☐ Marketing ☐ Bulk ☐ Commercial
☐ Private Use ☐ Government ☐ Other: _____

Specify the PIPING location:

- ☐ Aboveground ☐ Underground

INSTALLATION SITE INFORMATION

Site Name: _____ Proposed Installation Date: _____

Address (street/city/state/zip): _____

TANK NUMBER	#001	#002	#003	#004	#005	#006
CAPACITY (gallons)						
Aggregate Container Capacity W.C.						
Is the tank(s) listed for aboveground use?	YES	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO	NO

SCHEDULE OF FEES

PERMIT FEE	FEES DUE
Storage and Use Liquefied Petroleum Gas	\$95.00 per install \$
TOTAL FEE	\$

It is agreed that all codes, regulations, and ordinances of the City of Lincoln, now in effect, will be complied with. Installation inspection requests shall be made at least 24 HOURS in advance of the desired installation. ANY Electrical works shall obtain a separate electrical permit with the City of Lincoln.

HARDCOPY SUBMITTAL - Please submit this application, (2) copies of the required documents (stated below), and the associated fees at the time of permit submittal.

ELECTRONIC SUBMITTAL - Please email this application to FirePermits@lincoln.ne.gov. Once Bldg. & Safety processes this application, the applicant will be notified (via email) to pay the associated fees and to UPLOAD all necessary documents into [Citizens Access](#) under the permit number.

INSTALLATION CONTRACTOR INFORMATION

Individual Name: _____

Company Name: _____ Company Address (street/city/state/zip): _____

Phone Number: _____ Email Address: _____

INSTALLATION CONTRACTOR SIGNATURE: _____

OWNER / OPERATOR INFORMATION

Name: _____

Address (street/city/state/zip): _____

Phone Number: _____ Email Address: _____

OWNER / OPERATOR SIGNATURE: _____

Please **ATTACH** an (aerial) site plan that indicates the tank / piping location and setback distances to all nearby buildings, streets, property lines, & location of dispensers.