

# Chesterfield Fire Department Fire and Life Safety Division - Fire Marshal's Office



P.O. Box 40 Chesterfield, VA 23832 Phone (804) 748-1426 Fax (804) 768-8766

## Application for Propane Container Exchange Installation

**Must be printed or typed - All sections must be completed and legible**

Address of Installation \_\_\_\_\_

Retailer Name \_\_\_\_\_ Phone \_\_\_\_\_

LPG Servicing Co. \_\_\_\_\_ Date \_\_\_\_\_

Mailing address \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone: Work \_\_\_\_\_ Pager \_\_\_\_\_ Cellular \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

24 - Hour EMERGENCY PHONE NUMBERS \_\_\_\_\_

Number of Container Enclosures \_\_\_\_\_ Number of Containers per Enclosure \_\_\_\_\_ Container Size \_\_\_\_\_

Distance to doorways \_\_\_\_\_ Distance to fuel dispensers \_\_\_\_\_ Distance to building \_\_\_\_\_

**Attach with this application a complete site plan (see guidelines for information required on drawing)**

I have read and agree to install this propane container exchange in accordance with the guidelines on the storage of portable containers and the Virginia Statewide Fire Prevention Code. Further, I understand that failure to follow the regulations may result in denial of the installation.

Signature of Applicant \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

How would you like to receive your reviewed site plan?  Mail  Fax  Will pickup

do not write below this line

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Date Received \_\_\_\_\_ Date of Site Visit \_\_\_\_\_ Final Approval \_\_\_\_\_ Reviewed by \_\_\_\_\_

Approved  Denied