



HAWAII FIRE DEPARTMENT

FIRE PREVENTION BRANCH

HILO: 25 Aupuni St. Suite 2501, Hilo, HI 96720 (808) 932-2911

KONA: 74-5044 Ane Keohokalole Hwy, Bldg E. Kailua-Kona, HI 96740 (808) 323-4760

Date: _____

Payment Amount: \$200.00 _____

Received By: _____

Permit Number: _____
For Fire Department Use Only

TANK PERMIT APPLICATION

Installation Removal/ Discontinued Use

Completed application shall be submitted with payment to the Hilo or Kona fire prevention office. Payment may be cash or check. Checks shall be made out to 'County Director of Finance'.

(To be completed by applicant)

Permit Type: LPG (>125 gal)

Flammable or Combustible Liquid Storage Tank (>60 gal)

Aboveground Storage Tank (AST)

Underground Storage Tank (UST)

Tank Capacity: _____ Tank Construction: _____

Fuel Type: _____ Serial Number: _____ Front Back Sides

Distance from nearest building: _____ Distance from property line: _____

Tank Owner: _____

Tank Location/ Address: _____ TMK: _____

City/State: _____ Zip Code: _____

Installer/Contractor: _____ License #: _____

Applicant: _____ Phone: _____

Fax: _____ Email Address: _____

Mailing Address for Permit: _____

***A Site Map shall be attached and submitted with this application. Site map shall depict all structures and tanks, and its distances to buildings, other tanks, and property lines if applicable. Site map shall also show the location of the vehicular protection, and location of all fire extinguishers.**

(To be completed by HFD)

INSPECTION

Detailed Site Map Submitted Yes No Vehicle protection satisfactory Yes No N/A

Distance between tanks satisfactory (Table 69.3.5.1.1 (2018 NFPA 1)) Yes No N/A

Distance between property line satisfactory (Table 69.3.5.1.1 (2018 NFPA 1)) Yes No

Distance between building openings/exposures satisfactory (Table 69.3.5.4.3) Yes No N/A

Fire Protection Systems (check all that apply): Sprinkler Foam Fire Alarm Other _____ N/A

All Fire Systems Satisfactory Yes No N/A

Portable Fire Extinguisher Satisfactory Yes No N/A

Date Portable Fire Extinguishers Inspected: _____ Inspected by: _____

Comments: _____

APPLICANT SIGNATURE: _____ DATE: _____

INSPECTOR SIGNATURE: _____ DATE: _____