

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
 DIVISION OF CODES AND STANDARDS / OFFICE OF THE DIRECTOR / LP-GAS SAFETY UNIT
 P.O. Box 821, Trenton, NJ 08625-0821
 Telephone: (609) 984-4257 Fax: (609) 633-6729 Email: LPgas@dca.nj.gov

NOTICE OF LP-GAS INSTALLATION

NOTIFICATION DATE (Check notice box): _____

INSTALLATION DATE (Actual or Proposed): _____

THIS NOTICE OF LP-GAS INSTALLATION SHALL BE FILED WITH THE DIVISION OF CODES & STANDARDS/ OFFICE OF THE DIRECTOR/ LP-GAS SAFETY UNIT AT LEAST 10 DAYS PRIOR TO INSTALLATION.

TYPE OF LP-GAS SYSTEM (check appropriate box):

- 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. (Note: A permit and inspection is required by the local enforcing agency; DCA may conduct audits for code compliance.)
- THIS IS A TEMPORARY LIQUEFIED PETROLEUM GAS VAPOR SYSTEM WITH AN AGGREGATE WATER CAPACITY OF 2,001 GALLONS UP TO 9,999 GALLONS, OR AN LP-GAS LIQUID SERVICE, 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 with N.J.A.C. 5:18-6.1)

1. **NAME OF SYSTEM OPERATOR:** _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

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: _____ EMAIL: _____

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.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

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

5. **INSTALLED BY** (Check one): LPG MARKETER: _____ LIC. NO: _____ *OTHER: _____ (* If other, provide information below)

COMPANY OR BUSINESS: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TELEPHONE: _____ FAX: _____ EMAIL: _____

6. **LICENSE OR CERTIFICATION** (See Note - Check one and include number):

MASTER PLUMBER: _____ LIC. NO: _____

MASTER HVACR: _____ LIC. NO: _____

PROPANE SERVICE CERTIFICATION: _____ CERT. NO: _____ (attach proof of certification with application)

NOTE: NO BUSINESS, COMPANY, OR ENTITY SHALL ENGAGE IN LP-GAS SYSTEM CONSTRUCTION OR INSTALLATION WITHOUT PROOF OF A VALID STATE ISSUED LICENSE OR CERTIFICATION AS REQUIRED IN N.J.A.C. 5:18-1.3(e), N.J.A.C. 13:32-1.4(c)11, AND N.J.A.C. 13.32A-1.1.

CERTIFICATION: I CERTIFY THAT THE INFORMATION PROVIDED IN THIS FORM TO BE COMPLETE, ACCURATE, AND 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 REGULATIONS.

NAME: _____ SIGNATURE: _____

TITLE: _____

DATE: _____