



Permit #	_____
Loc #	_____
Date	_____

INTENT TO INSTALL TANKS/PUMPS/DISPENSERS

- EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.
 ACT 24 EXEMPTION

Owner Information	<input type="checkbox"/> Name _____ Mailing address _____ _____ City _____ State _____ ZIP code _____ Phone _____ Fax _____ Email _____									
Location Information	Location name _____ Physical address _____ _____ City _____ State _____ ZIP code _____ County _____ Municipality name _____ Type: <input type="checkbox"/> Borough <input type="checkbox"/> City <input type="checkbox"/> Township									
Applicant Information	Name _____ Mailing address _____ _____ City _____ State PA ZIP code _____ Phone _____ Fax _____ Email _____ <p>By signing this form, I acknowledge my understanding that approval of this installation is contingent upon compliance with all of the requirements (including any related to financial responsibility) of the Combustible and Flammable Liquids Act (35 P.S. §§ 1241-1252) and the Flammable and Combustible Liquids Regulations (37 Pa. Code §§ 11.1-14.8) and that a site inspection and final approval issued by the Department of Labor & Industry is required prior to use of this installation.</p> <p>I further acknowledge that if any part of the proposed installation is not in compliance with the applicable regulations, I must submit a request for variance (Form LIIB-121) with this intent prior to installation and await a decision of the Industrial Board regarding my request.</p> <p style="text-align: center;"> _____ Applicant Name (Printed) _____ Applicant Signature _____ Date </p>									
Application Type	<input type="checkbox"/> New location <input type="checkbox"/> Existing location If application applies to an existing location, please indicate file numbers, location numbers or permit numbers that have been issued by the Department of Labor & Industry: _____									
Use of Installation	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Aircraft fueling</td> <td><input type="checkbox"/> Attended self-service</td> <td><input type="checkbox"/> Bulk storage</td> </tr> <tr> <td><input type="checkbox"/> Ethanol-85% facility</td> <td><input type="checkbox"/> Fleet fueling</td> <td><input type="checkbox"/> Fuel oil storage</td> </tr> <tr> <td><input type="checkbox"/> Marine fueling</td> <td><input type="checkbox"/> Unattended self-service</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Aircraft fueling	<input type="checkbox"/> Attended self-service	<input type="checkbox"/> Bulk storage	<input type="checkbox"/> Ethanol-85% facility	<input type="checkbox"/> Fleet fueling	<input type="checkbox"/> Fuel oil storage	<input type="checkbox"/> Marine fueling	<input type="checkbox"/> Unattended self-service	<input type="checkbox"/> Other: _____
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For L&I Use Only	Check #: _____ Amount: \$ _____ Bates #: _____									

Mandatory Documents	<input type="checkbox"/> Provide manufacturer's documentation that all E-85 tanks, piping, and hardware are E-85 compliant. <input type="checkbox"/> Provide three site plans of location indicating all buildings, LPG and Compressed Natural Gas equipment, and property lines on paper sized at a minimum of 11 in. x 17 in.																																																								
Filing Requirements	<p>Submit all mandatory documents and the fee by check or money order payable to Commonwealth of Pennsylvania along with this application to:</p> <p style="text-align: center;">PA Department of Labor and Industry BOIS – Boiler Division 651 Boas Street, Room 1606 Harrisburg, PA 17121</p> <p>FEE SCHEDULE: For an up-to-date listing of fees, please see the Fee Schedule listed on our website (www.dli.pa.gov/Individuals/Labor-Management-Relations/bois) or contact our office for a copy of the Fee Schedule by email BOILERS@pa.gov, by telephone at (717) 787-3806 option 3 or by fax at (717) 705-7262. (Attach a separate 8 1/2" x 11" sheet with information listed below if space provided is insufficient to describe installation.)</p>																																																								
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