

Permit # _____
Cert. #: _____
Date: _____

INTENT TO INSTALL COMPRESSED NATURAL GAS VEHICLE FUEL FACILITY

EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.

ACT 24 EXEMPTION

Owner Information	Name _____ Mailing address _____ City _____ State _____ Zip code _____ Phone _____ Fax _____ Email _____
Location Information	Location name _____ Physical address _____ City _____ State PA 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 _____ 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), the Flammable and Combustible Liquids Regulations (37 Pa. Code §§ 11.1-14.8), the Boiler and Unfired Pressure Vessel Law (35 P.S. §§ 1331.1-1331.21) and the Boiler and Unfired Pressure Vessel Regulations (34 Pa. Code §§ 3a.1-3a.171) 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) prior to installation and await a decision of the Industrial Board regarding my request. This installation may require additional registration, permitting and or inspection by the Pennsylvania Public Utility Commission. You as the applicant are responsible for ensuring compliance with all state laws and regulations relating to the type of installation, service and operation of the equipment. PUC contact information may be found at www.puc.state.pa.us.</p> <div style="display: flex; justify-content: space-between;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Applicant Name (Printed) Applicant Signature Date </div>
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	<input type="checkbox"/> Attended self-service <input type="checkbox"/> Fleet fueling <input type="checkbox"/> Unattended self-service <input type="checkbox"/> Other
<i>FOR L&I USE ONLY</i>	Check #: _____ Amount: \$ _____ Bates #: _____

Compressors	<table border="0"> <thead> <tr> <th data-bbox="444 222 672 290">Existing (E), New (N), To-Be-Removed (R)</th> <th data-bbox="795 258 892 290">Quantity</th> <th data-bbox="1125 258 1186 290">Make</th> <th data-bbox="1430 258 1501 290">Model</th> </tr> </thead> <tbody> <tr> <td data-bbox="444 312 672 344"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 326 982 344">_____</td> <td data-bbox="1023 326 1292 344">_____</td> <td data-bbox="1333 326 1602 344">_____</td> </tr> <tr> <td data-bbox="444 358 672 390"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 371 982 390">_____</td> <td data-bbox="1023 371 1292 390">_____</td> <td data-bbox="1333 371 1602 390">_____</td> </tr> <tr> <td data-bbox="444 403 672 435"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 417 982 435">_____</td> <td data-bbox="1023 417 1292 435">_____</td> <td data-bbox="1333 417 1602 435">_____</td> </tr> <tr> <td data-bbox="444 449 672 480"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 462 982 480">_____</td> <td data-bbox="1023 462 1292 480">_____</td> <td data-bbox="1333 462 1602 480">_____</td> </tr> <tr> <td data-bbox="444 494 672 526"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 508 982 526">_____</td> <td data-bbox="1023 508 1292 526">_____</td> <td data-bbox="1333 508 1602 526">_____</td> </tr> </tbody> </table>	Existing (E), New (N), To-Be-Removed (R)	Quantity	Make	Model	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____						
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Storage Vessels	<table border="0"> <thead> <tr> <th data-bbox="444 562 672 630">Existing (E), New (N), To-Be-Removed (R)</th> <th data-bbox="766 576 863 607">Quantity</th> <th data-bbox="999 562 1089 630">Capacity (gallons)</th> <th data-bbox="1240 576 1300 607">Make</th> <th data-bbox="1465 576 1537 607">Model</th> </tr> </thead> <tbody> <tr> <td data-bbox="444 641 672 673"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 655 910 673">_____</td> <td data-bbox="946 655 1143 673">_____</td> <td data-bbox="1171 655 1369 673">_____</td> <td data-bbox="1404 655 1602 673">_____</td> </tr> <tr> <td data-bbox="444 687 672 718"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 700 910 718">_____</td> <td data-bbox="946 700 1143 718">_____</td> <td data-bbox="1171 700 1369 718">_____</td> <td data-bbox="1404 700 1602 718">_____</td> </tr> <tr> <td data-bbox="444 732 672 764"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 746 910 764">_____</td> <td data-bbox="946 746 1143 764">_____</td> <td data-bbox="1171 746 1369 764">_____</td> <td data-bbox="1404 746 1602 764">_____</td> </tr> <tr> <td data-bbox="444 777 672 809"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 791 910 809">_____</td> <td data-bbox="946 791 1143 809">_____</td> <td data-bbox="1171 791 1369 809">_____</td> <td data-bbox="1404 791 1602 809">_____</td> </tr> <tr> <td data-bbox="444 823 672 855"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 836 910 855">_____</td> <td data-bbox="946 836 1143 855">_____</td> <td data-bbox="1171 836 1369 855">_____</td> <td data-bbox="1404 836 1602 855">_____</td> </tr> </tbody> </table>	Existing (E), New (N), To-Be-Removed (R)	Quantity	Capacity (gallons)	Make	Model	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	_____
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Dispensers (All dispensers must be listed)	<table border="0"> <thead> <tr> <th data-bbox="444 891 672 959">Existing (E), New (N), To-Be-Removed (R)</th> <th data-bbox="766 907 863 938">Quantity</th> <th data-bbox="1125 907 1186 938">Make</th> <th data-bbox="1465 907 1537 938">Model</th> </tr> </thead> <tbody> <tr> <td data-bbox="444 970 672 1002"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 984 982 1002">_____</td> <td data-bbox="1023 984 1292 1002">_____</td> <td data-bbox="1333 984 1602 1002">_____</td> </tr> <tr> <td data-bbox="444 1016 672 1047"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 1029 982 1047">_____</td> <td data-bbox="1023 1029 1292 1047">_____</td> <td data-bbox="1333 1029 1602 1047">_____</td> </tr> <tr> <td data-bbox="444 1061 672 1093"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 1075 982 1093">_____</td> <td data-bbox="1023 1075 1292 1093">_____</td> <td data-bbox="1333 1075 1602 1093">_____</td> </tr> <tr> <td data-bbox="444 1106 672 1138"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 1120 982 1138">_____</td> <td data-bbox="1023 1120 1292 1138">_____</td> <td data-bbox="1333 1120 1602 1138">_____</td> </tr> <tr> <td data-bbox="444 1152 672 1183"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="713 1165 982 1183">_____</td> <td data-bbox="1023 1165 1292 1183">_____</td> <td data-bbox="1333 1165 1602 1183">_____</td> </tr> </tbody> </table>	Existing (E), New (N), To-Be-Removed (R)	Quantity	Make	Model	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____	<input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R	_____	_____	_____						
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Mandatory Documents	<p><input type="checkbox"/> ASME storage vessels require National Board registration. (U1A must be provided at time of inspection.)</p> <p><input type="checkbox"/> Provide documentation that gas supplier has been notified of intent.</p> <p><input type="checkbox"/> Provide three site plans of location indicating all buildings, LPG and Flammable and Combustible Liquid equipment, and property lines on paper sized at minimum of 11 in. X 17 in.</p>																														
Filing Requirements	<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.</p> <p>Submit all mandatory documents and payment 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>																														