

**OFFICE OF THE FIRE MARSHAL
COUNTY OF NASSAU
REPORT OF LIQUEFIED PETROLEUM GAS INSTALLATION**

NON-PLAN INSTALLATION <input type="checkbox"/>	CHECK ONE CHANGE OF SERVICE <input type="checkbox"/>	CHANGE OF SUPPLIER <input type="checkbox"/>
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PROPERTY OWNER			END USER		
LAST NAME, FIRST, MIDDLE			LAST NAME, FIRST, MIDDLE		
STREET ADDRESS			STREET ADDRESS		
VILLAGE	STATE	ZIP	NEAREST INTERSECTION		
			VILLAGE	STATE	ZIP
			SECTION	BLOCK	LOT
GAS INFORMATION					
SUPPLIER		NUMBER OF TANKS	SIZE OF TANKS	CAPACITY OF TANKS	
TANK SUPPORT CONST.	NUMBER OF SYSTEMS		PIPING SIZE & CONSTRUCTION		

1. Date Installation Completed _____
2. Temporary Heat Yes No
3. Type of Appliance(s) Connected _____
4. Type of Service Replacement Tanks Bulk Delivery
5. Are all tank(s) and equipment installed in accordance with N.F.P.A. pamphlet No. 58 and Article VI of the Nassau County Fire Prevention Ordinance. Yes No

Do not write below this line - Fire Marshal Use Only

FM Key # _____

Date Entered on Computer _____

Entered By _____

