

PERMIT TO STORE Cryogenic Fluid or Compressed Gasas

A Fuel Storage LICENSE from the City of Waltham IS
REQUIRED if items being stored are greater than 2 gallons.

***** ALL DOCUMENTS SUBMITTED MUST BE SINGLE-SIDED AND UN-STAPLED *****

Requirements

1. Completed Permit Application
2. Fee \$30. (Cash, online payment or check payable to City of Waltham)
3. A list of items being stored, sorted by class.
4. Copy of most recent Sprinkler System Inspection/Test report
5. Copy of most recent Fire Alarm Inspection/Test report
6. A site map indicating locations of Stored items
7. Completed Tank Information page
8. Completed LEPC page
9. A letter from the building owner giving permission to store
Cryogenic Fluid or Compressed gases on their property
(if not owned by applicant)

ONLINE PAYMENT = City of Waltham Fire Department /Prevention website - Permits Fees and Downloads

(<https://www.city.waltham.ma.us/fire-department/pages/permits-fees-downloads>)

Above the list of permits you will see -

ATTENTION FIRE PREVENTION APPLICATION FEES CAN NOW BE **PAID ONLINE**

Click on "**PAID ONLINE**". Select the permit type (PERMIT-Compressed Gas or Cryogenic Fluid Storage - Invoice).

Follow instructions to pay. Print receipt and include with your package.

PLEASE COMPLETE, THEN MAIL OR BRING ALL ITEMS AT ONCE TO;

**WALTHAM FIRE PREVENTION
175 LEXINGTON STREET
WALTHAM, MA 02452**



The Commonwealth of Massachusetts

City / Town of Waltham



Application for Standard Permit

FP-006
(Rev. 1.1.2015)

➔ Return completed application to: 175 Lexington Street
Waltham, MA 02452 ➔

Permit Number: _____

City or Town: Waltham

Date: _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10-A application is hereby made

by _____
(Full Name of Person, Firm or Corporation) (Phone Number)

of _____ for permission
(Address: Street or P.O. Box, City or Town, Zip Code)

to **STORE CRYOGENIC FLUIDS or COMPRESSED GASES** (circle one) in accordance with **527 CMR 1.12.8.37** and **NFPA 55**

Containers size _____ gal Container type _____ Container contents _____

at _____ Inside / Outside _____
(Address) (Circle one) (Storage Location)

Name of Competent Operator (if applicable) _____ Cert. No. _____

By _____
(Signature of Applicant)

Date Issued _____ Date of expiration _____ Fee \$30 Amount Paid \$ _____



The Commonwealth of Massachusetts

City / Town of Waltham



FP-006
(Rev. 1.1.2015)

PERMIT

City or Town: Waltham

Date: _____

Permit Number (if applicable): _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in 10-A this permit is granted

to _____
(Full Name of Person, Firm or Corporation)

for **Storage of CRYOGENIC FLUIDS or COMPRESSED GASES** (circle one) in accordance with **527 CMR 1.12.8.37**

and NFPA 55, Container size _____ gal Container type _____ Container contents _____

at _____ Inside / Outside _____
(Address) (circle one) (Storage Location)

Fee Paid \$30 This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____



This permit must be conspicuously posted upon the premises



CITY OF WALTHAM

Compressed Gas or Cryogenic Fluid Permit – TANKS ONLY

~~XXXXXXXXXXXXXXXXXXXX~~ PLEASE PRINT CLEARLY)

ADDRESS OF FACILITY _____

Owner of Facility _____

Owner's Home Address _____

24 Hour Telephone For **Owner** _____

Email address for **Owner** _____

Operator of Facility _____

Operator's Home Address_____

24 Hour Telephone For Operator _____

Email address for *Operator* _____[illegible]

L.E.P.C. - 24-hour Contact List
for use by **Waltham Fire Dept.** during Emergencies

1. BUSINESS NAME: _____
2. LOCATION OF FACILITY: _____
3. TYPE OF BUSINESS (check all that apply):
Office ☐ Laboratory ☐ Manufacturing ☐ Other _____
4. EMERGENCY CONTACT(s): _____
5. Is there a 24 / 7 Emergency phone number for this Facility? YES ☐ NO ☐
6. If "YES", what is it? _____
7. Who staffs it (i.e. Security, Safety, Facilities, etc...)? _____
8. If "NO", how is "off-hour" coverage maintained? _____
9. Additional Individual Emergency Contacts:
 - 1) Job Title: _____ Last Name: _____ First Name: _____
Office Phone: _____ Home phone: _____
Other (cell) phone: _____ Email address: _____
 - 2) Job Title: _____ Last Name: _____ First Name: _____
Office Phone: _____ Home phone: _____
Other (cell) phone: _____ Email address: _____
 - 3) Job Title: _____ Last Name: _____ First Name: _____
Office Phone: _____ Home phone: _____
Other (cell) phone: _____ Email address: _____
10. Primary Emergency Back-up Contractor: _____

This form was completed by: _____
Print Name, Job title

Signature Date: _____