

INTENT TO INSTALL COMPRESSED NATURAL GAS VEHICLE FUEL FACILITY

Owner Information	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 _____ 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.</p> <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 #: _____

Equipment Information	Quantity	Capacity (cu. ft.)	Type of equipment	Make	Model
	_____	_____	<input type="checkbox"/> Compressor <input type="checkbox"/> Dispenser <input type="checkbox"/> Storage vessels	_____	_____
	_____	_____	<input type="checkbox"/> Compressor <input type="checkbox"/> Dispenser <input type="checkbox"/> Storage vessels	_____	_____
	_____	_____	<input type="checkbox"/> Compressor <input type="checkbox"/> Dispenser <input type="checkbox"/> Storage vessels	_____	_____
	_____	_____	<input type="checkbox"/> Compressor <input type="checkbox"/> Dispenser <input type="checkbox"/> Storage vessels	_____	_____
	_____	_____	<input type="checkbox"/> Compressor <input type="checkbox"/> Dispenser <input type="checkbox"/> Storage vessels	_____	_____
(Attach a separate 8 ½" x 11" sheet with information listed above if space provided is insufficient to describe installation.)					
Mandatory Documents	<input type="checkbox"/> ASME storage vessels require National Board registration. (U1A must be provided at time of inspection.) <input type="checkbox"/> Provide documentation that gas supplier has been notified of intent. <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.				
Filing Requirements	Submit all mandatory documents and \$75.00 payment by check or money order payable to Commonwealth of Pennsylvania along with this application to: <p style="text-align: center;">PA Department of Labor & Industry BOIS – Boiler Division 651 Boas Street, Room 1606 Harrisburg, PA 17121</p> If you have any questions regarding this application, please call 717-787-3806.				
Additional Information	This installation may require additional registration, permitting, and/or inspection by the Pennsylvania Public Utility Commission (PUC). 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 .				

*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*