

Permit #	_____
Loc #	_____
Date	_____

INTENT TO INSTALL COMPRESSED NATURAL GAS VEHICLE FUEL FACILITY

EXPEDITE REVIEW. ADDITIONAL FEE SUBMITTED.

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;"> _____ 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="342 128 607 184">Existing (E), New (N), To-Be-Removed (R)</th> <th data-bbox="678 138 781 170">Quantity</th> <th data-bbox="1037 138 1105 170">Make</th> <th data-bbox="1377 138 1451 170">Model</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 205 607 237"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 216 899 237">_____</td> <td data-bbox="938 216 1211 237">_____</td> <td data-bbox="1243 216 1516 237">_____</td> </tr> <tr> <td data-bbox="342 258 607 289"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 268 899 289">_____</td> <td data-bbox="938 268 1211 289">_____</td> <td data-bbox="1243 268 1516 289">_____</td> </tr> <tr> <td data-bbox="342 310 607 342"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 321 899 342">_____</td> <td data-bbox="938 321 1211 342">_____</td> <td data-bbox="1243 321 1516 342">_____</td> </tr> <tr> <td data-bbox="342 363 607 394"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 373 899 394">_____</td> <td data-bbox="938 373 1211 394">_____</td> <td data-bbox="1243 373 1516 394">_____</td> </tr> <tr> <td data-bbox="342 415 607 447"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 426 899 447">_____</td> <td data-bbox="938 426 1211 447">_____</td> <td data-bbox="1243 426 1516 447">_____</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="342 478 607 535">Existing (E), New (N), To-Be-Removed (R)</th> <th data-bbox="678 489 781 520">Quantity</th> <th data-bbox="906 478 1008 535">Capacity (gallons)</th> <th data-bbox="1149 489 1218 520">Make</th> <th data-bbox="1377 489 1451 520">Model</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 556 607 588"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 567 834 588">_____</td> <td data-bbox="854 567 1062 588">_____</td> <td data-bbox="1078 567 1286 588">_____</td> <td data-bbox="1299 567 1507 588">_____</td> </tr> <tr> <td data-bbox="342 609 607 640"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 619 834 640">_____</td> <td data-bbox="854 619 1062 640">_____</td> <td data-bbox="1078 619 1286 640">_____</td> <td data-bbox="1299 619 1507 640">_____</td> </tr> <tr> <td data-bbox="342 661 607 693"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 672 834 693">_____</td> <td data-bbox="854 672 1062 693">_____</td> <td data-bbox="1078 672 1286 693">_____</td> <td data-bbox="1299 672 1507 693">_____</td> </tr> <tr> <td data-bbox="342 714 607 745"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 724 834 745">_____</td> <td data-bbox="854 724 1062 745">_____</td> <td data-bbox="1078 724 1286 745">_____</td> <td data-bbox="1299 724 1507 745">_____</td> </tr> <tr> <td data-bbox="342 766 607 798"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 777 834 798">_____</td> <td data-bbox="854 777 1062 798">_____</td> <td data-bbox="1078 777 1286 798">_____</td> <td data-bbox="1299 777 1507 798">_____</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="342 829 607 886">Existing (E), New (N), To-Be-Removed (R)</th> <th data-bbox="678 840 781 871">Quantity</th> <th data-bbox="1037 840 1105 871">Make</th> <th data-bbox="1377 840 1451 871">Model</th> </tr> </thead> <tbody> <tr> <td data-bbox="342 907 607 938"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 917 899 938">_____</td> <td data-bbox="938 917 1211 938">_____</td> <td data-bbox="1243 917 1516 938">_____</td> </tr> <tr> <td data-bbox="342 959 607 991"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 970 899 991">_____</td> <td data-bbox="938 970 1211 991">_____</td> <td data-bbox="1243 970 1516 991">_____</td> </tr> <tr> <td data-bbox="342 1012 607 1043"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 1022 899 1043">_____</td> <td data-bbox="938 1022 1211 1043">_____</td> <td data-bbox="1243 1022 1516 1043">_____</td> </tr> <tr> <td data-bbox="342 1064 607 1096"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 1075 899 1096">_____</td> <td data-bbox="938 1075 1211 1096">_____</td> <td data-bbox="1243 1075 1516 1096">_____</td> </tr> <tr> <td data-bbox="342 1117 607 1148"><input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/> R</td> <td data-bbox="626 1127 899 1148">_____</td> <td data-bbox="938 1127 1211 1148">_____</td> <td data-bbox="1243 1127 1516 1148">_____</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>																														