



LP GAS TANK – TEMPORARY USE PERMIT APPLICATION

Please complete all sections of this application. An incomplete application will be returned to applicant.

PLEASE RETURN TO:

Marion Fire
Station #1
100 Irish Drive
Marion, IA 52302
or firepermits@cityofmarion.org

OFFICE USE ONLY:

Permit #: _____ Date Submitted: _____
Fee Submitted: _____ Receipt #: _____
Date Notification and plans were sent to Fire: _____

1. **APPLICANT/CONTRACTOR INFORMATION**

Contractor: _____
Contact Name: _____ Contact Phone: _____
Mailing Address: _____
Contact Email Address: _____

2. **GENERAL INFORMATION**

Property Address: _____
Description of Work: _____

Number of Tanks: _____ Tank Size (Gallons): _____

3. **TANK OWNER INFORMATION**

Installer Name: _____ Installer Phone: _____
Installer Address: _____

4. **SUBMITTAL INFORMATION**

License Fee Enclosed (\$50.00/tank): Note: Fire Station #1 only accepts cash/check. _____ YES _____ NO
Site Plan: _____ YES _____ NO

**Any questions regarding LP Gas Tank requirements and submittal documentation can be directed to
the Fire Department. Please call them at 319-377-8237.**