



City of Bellevue Fire Department
 P.O. Box 90012
 Bellevue, WA 98009 (425) 452-6872

Operational Permit Application Compressed Gas

Work or activity requiring a permit shall not commence until such work or activity has been inspected and authorized with a valid permit. Violation of this condition may result in additional permit or inspection fees.

GENERAL INFORMATION (to be completed by the permit applicant (PLEASE PRINT))

Business Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone No.	
Email Address:		

LOCATION OF PERMITTED ACTIVITY (if different than above (PLEASE PRINT))

Business Name:		
Address:		
City:	State:	Zip:

PERMIT BILLING (if different than above (PLEASE PRINT)) *(Permits will be billed by the City of Bellevue)*

Business Name:		
Address:		
City:	State:	Zip:
Contact Person:	Phone No.	
Email Address:		

[Click here](#) for the current permit fee. Note: This fee will change every January 1st based on the current Seattle Consumer Price Index. Governmental or non-profit organizations are exempt from permit fees. If non-profit, please provide IRS documentation for non-profit status.

- Temporary use permits are invoiced within 30 days of permit issuance.
- Until revoked permits are invoiced January each year.
- All permits are subject to a late fee if not paid within 30 days of receipt.

Applicant Signature

Date

FIRE PREVENTION OFFICE USE ONLY:

Specific Permit Conditions:	
Application Disposition:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reason for Denial:	
Reviewed / Inspected By:	Date:



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PERMIT CONDITIONS

Compressed Gas

The following conditions shall be adhered to at all times for the permit to be valid.

An Operational Permit is required when the amount of Compressed Gases for storage, use or handling exceed of the table below.

TYPE OF GAS	AMOUNT IN CUBIC FEET
Corrosive	200
Flammable Gas and LPG	200
Highly Toxic	Any Amount
Inert/simple asphyxiant	6,000
Oxidizing	504
Pyrophoric	Any Amount
Toxic	Any Amount

1. Stationary and portable compressed gas containers, cylinders, tanks and other systems shall be marked. (NFPA 704)
2. Compressed Gas containers, cylinders, tanks shall be marked with the contents name.
3. Containers, cylinders and tanks which could be exposed to physical damage shall be protected by guards, post or other approved devices.
4. Areas used for storage, use or handling of compressed gas containers, cylinders or tanks shall be secured and safeguarded against unauthorized access.
5. Piping systems shall be marked with the contents name and include the direction-of-flow arrow.
 - A. Markings shall be provided at each valve, at wall, floor or ceiling penetration
 - B. Markings shall be provided at each change of direction and every 20 feet of pipe long the run of pipe.
6. Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity.
7. Compressed gas containers shall be separated from each other based on the hazard class of their contents.
8. All compressed gas containers shall be stored in an upright position unless designed for horizontal use.
9. Compressed gas systems shall be used for the manner which they have been listed and approved for.

10. Compress gas cylinders and tanks shall be moved or lifted using an approved manner and device or cart, which shall be designed for the secure movement of the containers, cylinders or tanks.
11. Medical gas shall be stored in areas dedicated for the storage of such gas.
12. No storage or uses shall be allowed in a medical gas storage location, area or room.
13. Medical gas storage, which exceeded the maximum allowable quantities, shall be classified and "H" occupancy. These locations shall be of one-hour construction.
14. Gas cabinets shall be of an approved and listed type.