



*Wylie Prevention/Community Risk Reduction
Division*

Mailing Address: 300 Country Club
Physical Address: 2000 N Hwy 78, Suite 203
Wylie, TX 75098
(972) 442-8110

LIQUEFIED PETROLEUM STORAGE TANK (LP-gas containers) Installation Requirements

Document Submittals

- The Wylie Fire Department requires three copies of system drawings and should include seal, signature and date of license
- Notarized letter certifying plans meet the State of Texas requirements, International Fire Code (IFC) 2012 Chapter 61, City of Wylie IFC Amendments and current NFPA 58 standards
- A copy of licensed certificate
- A copy of the responsible party's driver license is required for all Contractor Registrations
- Contractor Registration (annually)

Plan Approval

- Above ground installations of LP-gas containers in residential areas are prohibited
- A representative of the Wylie Prevention/Community Risk Reduction Division must inspect and implement a plan review. If the plan review is completed successfully, applicant will receive a set of signed plans and letter stating the Wylie Fire Department has approved and verified components in the plans to the best of their knowledge. Please allow a ten-day turnaround for this process.

Final Acceptance Test

- A representative of the Wylie Prevention/Community Risk Reduction Division must perform visual inspection and witness any testing performed by the installer. **Please call (972) 442-7070 48-hours in advance to schedule an appointment for visual and witness testing.**

Fee: **\$250.00 Per Tank** **Checks or Exact Change Required**
 \$100.00 **Contractor Fee (per calendar year)**

PERMIT HOLDER IS RESPONSIBLE FOR REQUESTING AND COMPLETING ALL REQUIRED INSPECTIONS; FEES INCLUDE ONE (1) REINSPECTION. PERMIT HOLDERS WILL BE CHARGED \$75 FOR EACH ADDITIONAL INSPECTION REQUIRED.



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**PERMIT APPLICATION
LIQUIFIED PETROLEUM STORAGE TANK
Installation Requirements**

- Wylie Prevention/Community Risk Reduction Division Review*
- Three copies of system drawings with appropriate seals, signatures and license information.*
- Notarized letter*
- Copy of responsible party's driver license*

Installer/Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Job Name and Address: _____

Contractor Name (if different than above): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Representative's Name: _____

Telephone No.: _____

Date of Contractor Registration: _____

Contractor Renewal Date: _____

Receipt No: _____

Permit Fee: \$250.00 **Date:** _____

Check #: _____ **Cash:** _____ **Receipt No.:** _____

Reinspection Fee: \$75.00 **Date:** _____ **Receipt No:** _____