



# FLAMMABLE & COMBUSTIBLE LIQUIDS CONSTRUCTION PERMIT

806 WEST MAIN STREET • MONROE, WA 98272  
City Hall 360.794.7400 • Fax 360.794.4007



## SUBMITTAL REQUIREMENTS PER IFC 105.7.8

THE PURPOSE OF THIS CHECKLIST IS TO DETERMINE COMPLETENESS OF A SUBMITTAL.  
THE CHECKLIST DOES NOT VERIFY THE ACCURACY OF MATERIALS RECEIVED.

1. Is permit ONLY for removal of an Aboveground Storage Tank (AST) or Underground Storage Tank (UST)?

ABANDONMENT IN PLACE OF UST IS NOT ALLOWED IN THE CITY OF MONROE  
UST MUST BE REMOVED

- Yes - Skip to Directions for Over the Counter Permit Requirements  
 No - Continue with completing the checklist

2. Is area protected by fire sprinklers?

- Yes - Fire sprinkler density from hydraulic nameplate: \_\_\_\_\_ gpm/sf  
over \_\_\_\_\_ sf  
 No

3. Occupancy classification (circle):

A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 U

4. Is product stored in approved cabinets?  Yes  No

5. Class of product (if multiple classes indicate quantities of each):

IA  IB  IC  II  IIIA  IIIB

Quantity of storage: \_\_\_\_\_ gallons

Quantity in use (closed system) \_\_\_\_\_ gallons

Quantity in use (open system) \_\_\_\_\_ gallons

QUANTITIES MUST BE EXPRESSED IN TERMS OF CONTAINER SIZE, REGARDLESS IF THE  
CONTAINER IS FULL OR EMPTY

6. Method of secondary containment: \_\_\_\_\_



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### OVER THE COUNTER PERMIT REQUIREMENTS

The project qualifies for an over the counter permit if you are a contractor licensed in the State of Washington to remove the UST or AST.

Provide a SITE PLAN (which meet the requirements below) with this application.

You will be issued an over the counter permit and may remove the UST or AST after permit issuance. After removal, fax the written report indicating your findings and disposition to (360) 794-0959 or email to [riskreduction@snofire7.org](mailto:riskreduction@snofire7.org).

**APPROVAL IS SUBJECT TO FIELD INSEPCION**

### INSTRUCTIONS:

Below is a checklist of items that must be submitted as part of your application for a Flammable & Combustible Liquid Construction permit. Numbers in parenthesis equal the number of copies required.

If you have any questions about what is required, or if you would like to schedule an intake appointment, please call the Permit Division at (360) 863-4527.

### GENERAL PROJECT SUBMITTAL CHECKLIST

- (1) Original plus (1) copy of the Combined Permit Application form
- (2) Copies of the floor plan
- (2) Copies of the site plan
- (2) Copies of tank, equipment, valve or piping cut sheets
- (2) Copies of MSDS (Material Safety Data Sheets)

### SITE OR FLOOR PLAN REQUIREMENTS

The site and/or floor plan must show the following:

- Indoor & outdoor production, distillation, dispensing, processing and storage locations
- Distance to buildings, buildings openings, property lines, public ways
- Location of bollards (if applicable)
- Indicate product types and quantities
- Location of any equipment and piping
- Location NFPA 704 (Hazard Identification) placards
- Location of NO SMOKING and other required signage
- Location and size of portable fire extinguishers



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### ADOPTED STATE CODES - EFFECTIVE JULY 1<sup>ST</sup>, 2016

The City of Monroe enforces the following Washington State Building Codes and amendments; the Washington Administrative Code (WAC) Title 51 and as amended by the Monroe Municipal Code Title 15:

- 2015 International Building Code (IBC)
- 2015 International Existing Building Code (IEBC)
- 2015 International Residential Code (IRC)
- 2015 International Fire Code (IFC)
- 2015 International Mechanical Code (IMC)
- 2015 International Fuel Gas Code (IFGC)
- 2015 Uniform Plumbing Code (UPC)
- 2015 ICC Energy Conservation Code with State amendments

### STRUCTURAL DESIGN CRITERIA

Seismic Design Category: **IRC D1/D2 / IBC - D**

Basic Wind Speed: 85 mph

Exposure Category: B

Frost Depth: 18"

Snow load: 25 lbs./sq. ft.

\*A soils investigation is required for commercial projects, residential short plats and subdivisions and some instances residential lots.

The city may require additional information not specified in the submittal requirements in order to assure compliance with the Monroe Municipal Code.



**Community Development  
Permitting Division**

806 West Main Street, Monroe, WA 98272  
Phone (360) 794-7400 Fax (360) 794-4007  
[www.monroewa.gov](http://www.monroewa.gov)

<b>FOR OFFICE USE ONLY</b>
APPLICATION # _____
PERMIT # _____

## COMBINED PERMIT APPLICATION

<b>PERMIT SUBMITTAL HOURS</b> <b>MONDAY – FRIDAY 8:00 – 12:00 / 1:00 – 5:00</b>
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- | <u>Building</u>   | <u>Operations</u>                                  | <u>Fire</u>                                | <u>Land Use</u>  |
|---|--|--|--|
| <input type="checkbox"/> Commercial T/I                               | <input type="checkbox"/> Engineering Review        | <input type="checkbox"/> Fire Construction | <input type="checkbox"/> Accessory Dwelling Unit                     |
| <input type="checkbox"/> Demolition                                   | <input type="checkbox"/> Fencing                   | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Boundary Line Adjustment /Lot Consolidation |
| <input type="checkbox"/> Garage/Carport                               | <input type="checkbox"/> Grading                   | <input type="checkbox"/> Fire Operational  | <input type="checkbox"/> Conditional/Special Use                     |
| <input type="checkbox"/> Mechanical                                   | <input type="checkbox"/> Retaining wall            | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Land Clearing/Forest Practices              |
| <input type="checkbox"/> New Construction<br>(Commercial/Residential) | <input type="checkbox"/> Rockery                   | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Planned Residential Development             |
| <input type="checkbox"/> Plumbing                                     | <input type="checkbox"/> Right-of-Way Disturbance  | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Shoreline Permit                            |
| <input type="checkbox"/> Racking                                      | <input type="checkbox"/> Special Flood Hazard Area | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Short Plat                                  |
| <input type="checkbox"/> Residential Remodel                          | <input type="checkbox"/> Utility Service           | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Subdivision/Plat                            |
| <input type="checkbox"/> Sign   | <input type="checkbox"/> Other _____               | <input type="checkbox"/> Type: _____       | <input type="checkbox"/> Variance                                    |
| <input type="checkbox"/> Other _____                                  |  |  | <input type="checkbox"/> Other _____                                 |

**NOTE: All required Electrical Permits will be issued by the Dept. of Labor & Industries.**

**THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT COMPLETED SUBMITTAL REQUIREMENTS**

Site Address or Property Location: \_\_\_\_\_

Size of site (acre/square feet): \_\_\_\_\_

Assessor's Tax Parcel Number (14 digits): \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

\*\*Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

**Attach a separate sheet for additional property owners/additional addresses**

\*Applicant: By your signature above, you hereby certify that the information submitted is true and correct and that you are authorized by the property owner(s) to act on their behalf. \*\*Property Owner(s): By your signature above, you hereby certify that you have authorized the above Applicant to make application on your behalf for this application.

**COMBINED PERMIT APPLICATION - PAGE 2**

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Contractor: \_\_\_\_\_ Phone # \_\_\_\_\_

Contractor's License # \_\_\_\_\_ Fax # \_\_\_\_\_

Exp Date \_\_\_\_\_ Mailing Address \_\_\_\_\_

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Contractor's Bond Company: \_\_\_\_\_

Contractor's Bid Amount or Project Cost (labor and materials): \$ \_\_\_\_\_

**DETAILED DESCRIPTION OF PROPOSAL/WORK:**

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**FOR OFFICE USE ONLY**

Plan Check Fee (if applicable): \$ \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Technology Fee: \$ \_\_\_\_\_