Department of Fire Services
Commonwealth of Massachusetts

Fixed Facility Application for Marine Fueling Permit (FP-293F)

"Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws and 527 Code of Massachusetts Regulations for a permit authorizing the "Use, Storage and Handling of Flammable and Combustible Liquids on Waters of the Commonwealth, including requirements for Marine Fueling Facilities, Mobile Marine Fuel Vehicles, Fuel Barges and Fuel Vessels".

Application for Permit is hereby made in accordance with 527 Code of Massachusetts Regulations (CMR) by for the calendar year_____by:

NAME OF FACILITY: _____
Full Name of Firm, Corporation, Person

LOCATION OF FACILITY _____ FACILITY TELEPHONE _____

MAILING ADDRESS FOR FACILITY _____
Street Number / P.O. Box

_____
City/Town *Zip Code*

BUSINESS EMAIL_____

NAME OF OWNER _____

ADDRESS OF OWNER _____ OWNER TELEPHONE _____

FORMER OWNER IF THIS IS A NEW BUSINESS: _____

FORMER MAILING ADDRESS: _____
Street Number / P.O. Box *City/Town* *Zip Code*

RESPONSIBLE PARTY OPERATING THIS FACILITY _____

I have read and understand the provisions of 527 Code of Massachusetts Regulations (CMR) related to Marine Fueling.
Yes ( ) No ( )

- Facility is **FIXED ( )**
- Facility is operated **YEAR ROUND ( ) SEASONAL ( ) ,** if seasonal include dates of operation _____
- Facility is **NEW ( ) RENEWAL ( )** , if renewal please provide previous year's **MF Permit #** _____
- Flammable/Combustible Liquid to be dispensed is: Class **I** ( ) Class **II** ( ) Class **III** ( )
- Number of Class **I** Tanks:_____ Total Capacity of Class **I** Tanks:_____
- Number of Class **II** or **III** Tanks:_____ Total Capacity of Class **II** or **III** Tanks:_____
- Storage is: Above Ground ( ) Under Ground ( )

You must submit a photocopy of your current Permit (Form FP-006) to store flammable/combustible liquids, your Land License (Form FP-002) and your Certificate of Registration (Form FP-005), if applicable, for the storage of flammables and combustibles, issued in accordance with Section 13 of Chapter 148, of the Massachusetts General Law.

I have _____ 2A or 20 BC or equivalent fire extinguishers present at the fueling facility.
Number

Fire extinguishers are located _____ feet from the flammable liquid dispenser.
Number

Approved fuel hoses are product resistant, reinforced with continuous static ground, with no single length in excess of thirty (30) feet: Yes ( ) No ( )
If no, please explain: _____
Requires fire department approval if in excess of thirty (30) feet.

527 CMR requires marine fueling facilities have a minimum of three (3) manual flammable liquid shutoff valves
Please indicate whether you comply with this section. Yes ( ) No ( )

All flammable and combustible liquid shut-off valves are easily accessible, readable and plainly marked **"EMERGENCY FUEL SHUT OFF"** in two (2) inch red block capital letters: Yes ( ) No ( )

I have installed a manual flammable and combustible liquid shut-off valve on the upstream side of each piping system connection, as required to control the flow of fuel: Yes ( ) No ( )

I have a fuel line anti-siphon device installed for each fuel line serving a metering unit.
This device is capable if protecting fuel system components from thermal expansion: Yes ( ) No ( )

I intend to fuel during the hours of darkness: Yes ( ) No ( )
If yes, list hours that you intend to fuel during darkness_____

I have night lighting: Yes ( ) No ( )

I have clearly identified dispensing unit electrical switches on each wharf, so interlocked so as to shut power off to all Pump motors from any individual location that will only reset from a master switch: Yes ( ) No ( )

I have caused a review of the electrical wiring of the facility by the community electrical inspector and it complies with the Massachusetts Electrical Code (527 CMR 12.00) for high hazard marine installations: Yes ( ) No ( )

I have conspicuously posted, at the dispensing area, Before, During and After, fueling warning signs as described in 527 CMR 1.00): Yes ( ) No ( )

The facility has an approved, operational standpipe system, installed in accordance with 527 CMR 1.00 , which is approved by the head of the fire department: Yes ( ) No ( )

I hereby attest that the following individuals have been designated Fueling Facility Operations Supervisor(s) and are responsible employees who I have trained and consider to be competent in the handling of flammable and combustible liquids and are familiar with and understand the contents of 527 CMR 1.00 related to Marine Fueling, and the operation, mechanics and hazards inherent to the handling of flammable and combustible liquids and the fueling of vessels:

_____	_____	_____
Name	*Address*	*Date of Birth*
_____	_____	_____
Name	*Address*	*Date of Birth*
_____	_____	_____
Name	*Address*	*Date of Birth*

( ) Check here and attach a separate piece of paper labeled "F1" if additional space is required.

I hereby certify under the penalties of perjury that (1) to the best of my knowledge and belief the above statements and attachments are true and accurate, (2) this application is made upon the express condition that any and all other applicable authorizations necessary have been secured and (3) I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law. (Authority: Chapter 62C, s. 49A, MGL as amended by Chapter 233, Acts of 1983).

Print Name: _____ **Date:** _____

( ) *Officer of Corporation* ( ) *Owner*

Social Security or Federal Employee Identification Number of the Business: _____

Signature of Applicant: _____

FIRE DEPARTMENT NOTIFICATION AND APPROVAL

I certify that I have inspected or caused to be inspected the above fueling facility (site) and found it to comply with the Provisions of 527 CMR 1.00. The facility plans and specifications have been reviewed and are on file within my Department.

I am directing that the following restrictions shall apply:

_____

_____

( ) Check here and attach a separate piece of paper labeled "F2" if additional space is required.

I am accepting approved fueling hose in excess of thirty (30) feet: ( )

Signature: _____ Date: _____

Head of Fire Department (or Designee)

_____

Print name of Head of Fire Department or Designee and name of Fire Department

A Guide to the Application for a Marine Fuel Permit for a Fixed Facility

(527 CMR 1.00 and M.G.L. c. 148)

Secure, read and understand 527 Code of Massachusetts Regulations (CMR). This regulation is available from the State House Book Store, Public Document Room 116, Boston, MA 02133 (Telephone 617-727-2834), and an *unofficial* copy on the DFS website at www.mass.gov/dfs.

Application for a Marine Fueling Permit for a Fixed Facility is made on Fire Prevention Form, FP-293F.

This application may be obtained on the DFS website at www.mass.gov/dfs. The application may be photocopied, provided that all signatures are originals.

- ❑ **All applicants must read the regulation.**
- ❑ **One application per Facility.**
- ❑ **Fire Department Notification and Approval** must be completed and signed by the head of the fire department or his/her designee within the jurisdiction of the fuel transfer. By this signature, the fire department is certifying that they have knowledge of the transfer of fuel, the site is in compliance with the regulation and any local restrictions are included in the terms and conditions of the permit. **All permit applications must be signed by the fire department**.
- ❑ A copy of the current License to Store Flammables and Combustibles form **FP-002**
- ❑ A copy of the current annual Certificate of Registration of the License to Store Flammables and Combustibles, issued by the town/city clerk pursuant to M.G.L. c. 148, §13. The standard form for this registration is form **FP-005**. If the municipality uses a different form, the information required must be the same.
- ❑ A copy of the Permit issued by the head of the local fire department to store flammable/combustible liquids form **FP-006**.

For each facility, YOU must forward a completed application, the renewal notice (if applicable), all of the appropriate documents listed above, and a check or money order for **$100.00** made payable to the Commonwealth of Massachusetts, to the Division of Fire Safety, ATTN: Marine Fueling Permit, P.O. Box 1025, State Road, Stow, MA 01775, on or before the expiration date (December 31 of the year issued).

All incomplete applications for permits shall be returned to the applicant. Any delay in the issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant, and could result in civil and/or criminal penalties pursuant to 527 CMR 1.00.