

COUNTY OF



ALLEGHENY

SARA INNAMORATO
COUNTY EXECUTIVE

Requirements for installation:

The Installer is required to comply with all current N.F.P.A. standards associated with CNG fueling facilities.

1. (3) Three completed copies of the application. One must be electronic. Both hard copies **must** be notarized.
2. A copy of the Site Mining Survey Map **must** be provided by applicants before approval of permits. This information can be found by contacting the Mine Subsidence Insurance Fund at 1-800-922-1678.
Or by visiting <http://www.dep.state.pa.us/MSIHomeowners/checkrisk.html>.
3. If an existing site, digital photographs of Vessels/site/dispensers locations **must** be provided.
4. 3 - Site maps showing location of Vessels, distances to buildings, roadways, waterways, overhead and underground utilities, and property lines. This drawing may be completed by hand and submitted on a 8-1/2" x 11" sheet of paper. **Scale of 20' to the inch. Electronic copies are preferred.**
5. Parcel ID number **must** be provided. This information can be found by visiting the Allegheny County Real Estate website at <http://www2.alleghenycounty.us/RealEstate/Search.aspx>.
6. Allegheny County does not issue any variance. If a variance is needed, please contact the local municipality. If a variance is granted a copy of the variance **must** accompany the completed vessel application.
7. GPS coordinates of the site location **must** be provided.
8. All installations must follow NFPA 30A and NFPA 52.

Upon return of all required documents, including Vessels specifications, and payment of fee, your application will be reviewed by this Office. You will be notified by email, mail, or phone if any additional information is needed or of the approval of your application, along with a Certificate of Fire and Explosion Safety Number. You will also receive a validated copy of your application and site plan for your records and for your future use in meeting any State and Local requirements. **You must have a certificate of Fire and Explosion Safety and Number before installation of Vessel(s).** No other form of approval is valid.

Approval, if given, is based upon your original application and site plan. Any changes to these originals **must** be approved by this Office before beginning installation. **All above listed items must be completed before processing and approval.**

Please note that this Office **must be notified in writing upon the removal of any existing Vessel(s).**

Please make the check for appropriate fee(s) payable to: ALLEGHENY COUNTY TREASURER

UPON FINAL INSPECTION, A PERMIT WILL BE ISSUED. A COPY OF THE PERMIT MUST BE POSTED FOR PUBLIC VIEW AT THE LOCATION OF THE INSTALLED VESSELS.

The regulations for the installation of vessels are available on the following website:

<https://www.alleghenycounty.us/Government/Police-and-Emergency-Services/Fire-Marshal/Fuel-Storage-Tank-Permits>

REV. 3/24

MATTHEW J. BROWN, CEM, CFPS, CHIEF
DEPARTMENT OF EMERGENCY SERVICES

911 COMMUNICATIONS • EMERGENCY MANAGEMENT • EMERGENCY MEDICAL SERVICES • FIRE ACADEMY • FIRE MARSHAL
150 HOOKSTOWN GRADE ROAD • CORAOPOLIS, PA 15108
PHONE (412) 473-2550 • FAX (412) 473-2623 • WWW.ALLEGHENYCOUNTY.US

COUNTY OF



ALLEGHENY

SARA INNAMORATO
COUNTY EXECUTIVE

ALLEGHENY COUNTY FIRE MARSHAL CNG FEE SCHEDULE

1. CNG Station New Site Installation - \$500.00

Review of application and documentation, site visit and inspection to approve installation

2. CNG Pressure Vessel New/Replacement Installation - \$75.00 per Vessel

Review of application and documentation, site visit and inspection to approve installation

3. CNG Dispenser Replacement at existing location - \$50.00

Review application and documentation, site visit and inspection to approve rebuild

4. CNG Compressor Rebuild/Replacement Installation at existing location - \$100.00

Review application and documentation, site visit and inspection to approve rebuild

5. CNG Inspection - \$325.00

On-site safety inspection (not to include annual dispenser fee)

6. CNG Dispensing Pump Annual Registration Fee - \$50.00

\$50.00 per dispensing unit

REV. 3/24

MATTHEW J. BROWN, CEM, CFPS, CHIEF
DEPARTMENT OF EMERGENCY SERVICES

911 COMMUNICATIONS • EMERGENCY MANAGEMENT • EMERGENCY MEDICAL SERVICES • FIRE ACADEMY • FIRE MARSHAL
150 HOOKSTOWN GRADE ROAD • CORAOPOLIS, PA 15108
PHONE (412) 473-2550 • FAX (412) 473-2623 • WWW.ALLEGHENYCOUNTY.US



APPLICATION FOR APPROVAL COMPRESSED NATURAL GAS (CNG) FUELING FACILITY

READ REGULATIONS CAREFULLY FOR THE STORAGE, HANDLING AND USE OF COMPRESSED NATURAL GAS

APPLICATION NO: _____

PARCEL ID: _____

CERTIFICATE NO: _____

ALLEGHENY COUNTY FIRE MARSHAL
150 HOOKSTOWN GRADE ROAD
CORAOPOLIS, PA 15108
(412) 473-2552 FAX: (412) 473 -2623

DATE _____

(DO NOT WRITE IN THIS SPACE)

INSTALLER _____ MAILING ADDRESS _____

FACILITY OWNER _____ MAILING ADDRESS _____

FACILITY LOCATION _____ MUNICIPALITY _____

INSTALLER TELEPHONE NO _____ FACILITY TELEPHONE NO _____

FACILITY OWNER TELEPHONE NO _____

E- MAIL ADDRESS OF INSTALLER _____

E -MAIL ADDRESS OF FACILITY OWNER _____

PROPOSED VESSELS IDENTIFY AND LIST BELOW ALL PROPOSED.

NUMBER/ CAPACITY	PROPOSED	LENGTH/ WIDTH	DIAMETER
1 _____			
2 _____			
3 _____			
4 _____			

GPS LOCATION _____

COMPRESSOR SPECIFICATIONS

MUST PROVIDE A DRAWING SHOWING ALL DISTANCES AND LOCATIONS

MAKE	MODEL	QUANTITY	MEETS NFPA 52 <input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. U1A FORM(S) AND NATIONAL BOARD OF APPROVAL ARE REQUIRED FOR ALL ASME VESSELS.

2. NAME OF GAS UTILITY SERVING THE FACILITY _____

ADDRESS _____ PHONE NO _____

3. DOCUMENTATION THAT THE UTILITY HAS BEEN NOTIFIED OF INTENT TO INSTALL THIS FACILITY YES _____ NO _____

DISPENSER

LIST PROPOSED DISPENSER

NUMBER OF DEVICES	MAKE AND MODEL	SINGLE/MULTI HOSE	PROPOSED/EXISTING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FLOOD AREAS

IS LOCATION SUBJECT TO FLOOD WATERS? _____ DEPTH OF HIGHEST FLOOD WATER _____ IF SUBJECT TO FLOODING, WILL VESSELSS BE CONSTRUCTED AND INSTALLED WITH ALL SAFEGUARDS?

OWNER OR OPERATOR MAY NOT OPERATE A CNG FUELING FACILITY UNTIL A PERMIT ISSUED BY THE DEPARTMENT IS RECEIVED.

PERMISSION IS GRANTED TO PROCEED WITH THE INSTALLATION. APPROVAL OF THIS APPLICATION IS CONTINGENT WITH **ALL** REQUIREMENTS INCLUDING FINANCIAL RESPONSIBILITY, IF ANY, OF THE CURRENT REGULATIONS OF THE COMMONWEALTH OF PENNSYLVANIA. FINAL APPROVAL IS DEPENDENT ON FINDING AFTER COMPLETION.

SIGNATURE OF PLAN/SITE REVIEWER

DATE

SIGNATURE OF COUNTY FIRE MARSHAL

DATE

I HEREBY CERTIFY THAT THIS INSTALLATION WILL COMPLY WITH HE DEPARTMENT OF LABOR AND INDUSTRY REQUIREMENTS OF THE FLAMMABLE AND COMBUSTIBLE ACT, BOILER & UNFIRED PRESSURE VESSEL ACT 85 AND NFPA 52 AND 30A AND ITS REGULATIONS.

SIGNATURE OF INSTALLER

DATE

SIGNATURE OF FACILITY OWNER/OPERATOR

DATE

IT IS UNDERSTOOD THAT THE APPROVAL OF THIS APPLICATION IS CONTINGENT UPON COMPLIANCE WITH ALL REQUIREMENTS, INCLUDING FINANCIAL RESPONSIBILITY, IF ANY, OF THE CURRENT REGULATIONS OF THE COMMONWEALTH OF PENNSYLVANIA. INSTALLATION OF EQUIPMENT IS SUBJECT TO SUCH REQUIREMENTS AS MAY BE PROVIDED BY MORE STRINGENT LOCAL ORDINANCE AND FEDERAL REGULATIONS.

SUBSCRIBED AND SWORN TO BEFORE ME

S MONTH _____ DAY _____ YEAR _____

E _____

A _____

MUNICIPALITY

COUNTY

L

SIGNATURE OF PERSON ADMINISTERING OATH

SIGNATURE AND TITLE OF APPLICANT OR AUTHORIZED AGENT

TELEPHONE NUMBER WITH AREA CODE

INSTALLER

CERTIFICATION NUMBER

**SUBMIT THREE COPIES OF APPLICATION WITH ONE BEING AN ELECTRONIC COPY AND SITE PLAN DRAWINGS TO A SCALE OF 20' TO THE INCH COVERING A RADIUS OF 300' ALONG WITH
A CHECK MADE PAYABLE FOR THE APPLICABLE AMOUNT TO THE ALLEGHENY COUNTY TREASURER**