

**APPENDIX**

The material contained in this appendix is for clarification purposes only. The material is numbered to correspond to the number of the rule in the text of this chapter.

**A11.11 (4) Application for approval.** The following form (SBD-6038) is referred to in section ILHR 11.11 (4). Cop-

ies of this form are available from the Safety and Buildings Division, P. O. Box 7969, Madison, Wisconsin 53707.

DEPARTMENT OF  
INDUSTRY,  
LABOR AND  
HUMAN RELATIONS

APPLICATION FOR INSTALLATION OF  
LIQUID PETROLEUM TANK

SAFETY & BUILDING  
DIVISION  
P.O. BOX 7969  
MADISON, WI 53707

Application is made to the Department of Industry, Labor and Human Relations for conditional approval to install a Liquid Petroleum Tank(s). This application is in accordance with the following detailed statement and attached plans subject to the orders of the Department of Industry, Labor and Human Relations. The installation, in all other respects, will comply with applicable provisions of Chapter II of the Wisconsin Administrative Code, (LP GAS) and NFPA 58.

**DIRECTIONS:** Submit the one copy of this form and three copies of the plot plan, with the required fee to the nearest approval authority listed on the back of this form, for tanks with water capacity greater than 1,999 gallons or aggregate capacity greater than 4,000 gallons.

Plans must be drawn to scale and the scale indicated on the plan. Plans must include (1) location of property lines, (2) buildings, (3) tanks, (4) load and unload racks, (5) streets and highways, (6) streams and other bodies of water within 150 feet of the tanks, (7) fencing, (8) fence exists, (9) distances, and (10) wells.

Two copies of the plan and a letter of conditional approval will be returned to you after approval.

A final inspection of the site must be performed by the local fire inspector before product is put in the tank.

**LOCATION WHERE TANK WILL BE INSTALLED:**

Owner Name		Name of Establishment			
Street Address	City	County	State	Zip Code	
			WI		

**TANK SPECIFICATIONS:**

EACH TANK	TYPE	LOCATION	TANK MANUFACTURER	YEAR	WORKING PRESSURE	WATER CAPACITY
1.	<input type="checkbox"/> Horz. <input type="checkbox"/> Vert.	<input type="checkbox"/> Above Ground <input type="checkbox"/> Under-ground				
2.	<input type="checkbox"/> Horz. <input type="checkbox"/> Vert.	<input type="checkbox"/> Above Ground <input type="checkbox"/> Under-ground				
3.	<input type="checkbox"/> Horz. <input type="checkbox"/> Vert.	<input type="checkbox"/> Above Ground <input type="checkbox"/> Under-ground				

EACH TANK	CONDITION	IF USED PREVIOUS		RELIEF VALVE		EXCESS FLOW VALVE	
		Owner	Location	How many	Size	Size	Location
1.	<input type="checkbox"/> New <input type="checkbox"/> Used						
2.	<input type="checkbox"/> New <input type="checkbox"/> Used						
3.	<input type="checkbox"/> New <input type="checkbox"/> Used						

EACH TANK	BACK CHECK VALVE Size Location	FLOAT GAUGE	ROTARY GAUGE	OUTAGE GAUGE	THER-MOMETER	EMERG. VALVE
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No				
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Are manufacture's data reports available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do service lines contain hydrostatic relief valves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is tank paint in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be self-service or Key-Card-Code operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">Specify:</span>



## ILHR 11 Appendix

A11.17 Petitions for Variance. The following forms (SBD-8 and SBD-8A) are referred to in section ILHR 11.17. Copies of these forms are available from the Safety and Buildings Division, P.O. Box 7969, Madison, Wisconsin 53707.

Wisconsin Department of Industry,  
Labor and Human Relations

**PETITION FOR VARIANCE  
APPLICATION**

Safety and Buildings Division  
P.O. Box 7969  
Madison, Wisconsin 53707  
(608) 266-1542

Please type or print.

<b>OFFICE USE ONLY</b>	Amount Paid	Receipt Number	Petition No.	E-Number
Owner/Petitioner's Name	Building Or Project		Agent, Architect or Engineering Firm	
Company	Tenant's Name, If Any		Street Address	
Street Address	Location - Street Address		City, State, Zip Code	
City, State, Zip Code	City, County		Telephone Number (     )	
Telephone Number	Plan Number, If Known		Contact Person's Name	

1. The rule being petitioned reads as follows (cite specific rule number and language; one rule per application):

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2. The rule being petitioned cannot be entirely satisfied because:

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3. The following alternative(s) and supporting information are proposed as a means of providing an equivalent degree of health, safety or welfare as addressed by the rule:

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Note: Please attach any pictures, plans, sketches or required position statements.

**VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE**  
See Section ILHR 2.52 for complete fee information

Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition For Variance Application

\_\_\_\_\_, being duly sworn, I state as petitioner that I have read the foregoing  
petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Signature:	Subscribed And Sworn To Before Me This Date:	Notary Public	My Commission Expires On:
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## WISCONSIN ADMINISTRATIVE CODE

Wisconsin Department of Industry,  
Labor and Human Relations

## POSITION STATEMENT

Safety and Buildings Division  
P.O. Box 7969  
Madison, Wisconsin 53707

**Instructions:** This form is to be completed by the fire department chief or designee and sent promptly to the address shown above. Please print or type all responses.

Owner's Name	Building Occupancy Or Facility Description	Agent, Architect or Engineering Firm
Company	Tenant's Name, If Any	Street Address
Street Address	Location - Street Address	City, State, Zip Code
City, State, Zip Code	City, County	Telephone Number (    )
Telephone Number	Plan Number, If Known	Contact Person's Name

1. I have read the application for variance of rule ILHR \_\_\_\_\_
2. I recommend (check appropriate box):  Approval  Conditional Approval  Denial  No Comment \*
3. Explanation For Recommendation:

\* If desired, Fire Departments may indicate "No Comment" on non-fire safety issues such as sanitation, energy conservation, barrier free environments, etc.

4.  I find no conflict with local rules and regulations.  
 I find the petition is in conflict with local rules and regulations.

Explanation:

Fire Department Name And Address:	
Name Of Fire Chief Or Designee (type or print):	Telephone Number
Signature Of Fire Chief Or Designee:	Date Signed:

SBD-BA (R 09/92)