



TOWN OF FALMOUTH

Office of the Town Manager & Select Board

59 Town Hall Square

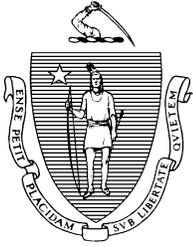
Falmouth, Massachusetts 02540

Telephone (508) 495-7320

townmanager@falmouthma.gov

FLAMMABLE STORAGE INSTRUCTIONS

1. Submit the following to the Select Board office:
 - a. Application for License (FP002A).
 - b. A plan identifying the location of storage containers, number of containers, amount of storage in each container and type of flammable.
 - c. A check in the amount of \$60.00 (\$25.00 filing fee plus a \$35.00 advertising fee), made payable to the Town of Falmouth.
 - d. A copy of a certified abutters list obtained from the Assessor's Office, specifying direct abutters (includes property across the street).
2. Applicant will receive a copy of the Public Hearing Notice from the Select Board Office and send it to each abutter on the list by Certified Mail Return Receipt Requested at least 10 days before the scheduled meeting.
3. Applicant to return the green delivery tracking postcards received from the USPS certified mailing to the Select Board Office.
4. Attend a hearing before the Select Board.
5. In the case of new ownership, applicant must submit a copy of a Purchase & Sale Agreement along with the Application for License. No hearing or license fee required.



FP-002A
(Rev. 6/23)

The Commonwealth of Massachusetts

City/Town of _____

Application For License

Massachusetts General Law, Chapter 148 §13

New License Amended License

| |
|-----------------|
| GIS Coordinates |
| _____ |
| LAT. |
| _____ |
| LONG. |
| _____ |
| License Number |

Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws of Massachusetts for a license to store flammables, combustibles or explosives on land in buildings or structures herein described.

Location of Land: _____
Number, Street and Assessor's Map and Parcel ID

Attach a plot plan of the property indicating the location of property lines and all buildings or structures.

Owner of Land: _____

Address of Land Owner: _____

Use and Occupancy of Buildings and Structures: _____

If this is an application for amendment of an existing license, indicate date of original license and any subsequent amendments

_____ Attach a copy of the current license

Flammable and Combustible Liquids, Flammable Gases and Solids

Complete this section for the storage of flammable and combustible liquids, solids, and gases; see 527 CMR 1.00 Table 1.12.8.50; Attach additional pages if needed. All tanks and containers are considered full for the purposes of licensing and permitting.

| PRODUCT NAME | CLASS | MAXIMUM QUANTITY | UNITS gal., lbs, cubic feet | CONTAINER UST, AST, IBC, drums |
|--------------|-------|------------------|-----------------------------------|--------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Total quantity of all flammable liquids to be stored: _____

Total quantity of all combustible liquids to be stored: _____

Total quantity of all flammable gases to be stored: _____

Total quantity of all flammable solids to be stored: _____

LP-gas (Complete this section for the storage of LP-gas or propane)

Indicate the maximum quantity of LP-gas to be stored and the sizes and capacities of all storage containers. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: _____

List sizes and capacities of all aboveground containers used for storage: _____

❖ Maximum quantity (in gallons) of LP-gas to be stored in underground containers: _____

List sizes and capacities of all underground containers used for storage: _____

Total aggregate quantity of all LP-gas to be stored: _____

Fireworks (Complete this section for the storage of fireworks)

Indicate classes of fireworks to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum amount (in pounds) of Class 1.3G: _____ Type/class of magazine used for storage: _____

❖ Maximum amount (in pounds) of Class 1.4G: _____ Type/class of magazine used for storage: _____

❖ Maximum amount (in pounds) of Class 1.4: _____ Type/class of magazine used for storage: _____

Total aggregate quantity of all classes of fireworks to be stored: _____

Explosives (Complete this section for the storage of explosives)

Indicate classes of explosive to be stored and maximum quantity of each class. (See 527 CMR 1.00 Table 1.12.8.50)

❖ Maximum amount (in pounds) of Class 1.1: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.2: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.3: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.4: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.5: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.6: _____ Number of magazines used for storage: _____

I, _____, hereby attest that I am authorized to make this application. I acknowledge that the information contained herein is accurate and complete to the best of my knowledge and belief. I acknowledge that all materials stored pursuant to any license granted hereunder must be stored or kept in accordance with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts Chapter 148, and the Massachusetts Fire Code (527 CMR 1.00). I further acknowledge that the storage of any material specified in any license granted hereunder may not exceed the maximum quantity specified by the license.

Signature _____ Date _____ Name _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

Fire Department Use Only

I, _____, Head of the _____ Fire Department endorse this application with my

Approval Disapproval

Signature of Head of the Fire Department

Date

Recommendations: _____



Town of Falmouth Assessing Department

59 Town Hall Square, Falmouth MA 02540

Telephone: 508-495-7380

Fax: 508-495-7384

REQUEST OF CERTIFIED ABUTTERS LIST

Name of person requesting abutters list: _____

Address of person requesting abutters list: _____

Phone: _____

Abutters to (subject property): Map _____ Section _____ Parcel _____ Lot _____

Map _____ Section _____ Parcel _____ Lot _____

Map _____ Section _____ Parcel _____ Lot _____

Lot size of subject property: _____

Location of subject property: _____

Check one:

_____ Direct abutters (includes properties across street)

_____ Direct abutters in local Historic District (includes properties across the street) within 100'

_____ Immediate abutters (includes only properties with a common property line)

_____ Immediate abutters plus churches and schools within 500'

_____ Properties within 300'

_____ Properties within 300' or abutters abutter to abutter whichever is closest

_____ Properties within 100'

_____ Other (specify) _____

Fee. \$25.00 Total _____