



Outside Storage of Combustible Material (OSCOM) Permit Application

City of El Paso Fire Department
Fire Prevention Division
416 N. Stanton, 3rd Floor
El Paso, TX 79901 Phone: (915) 485-5699

| I. FACILITY INFORMATION | | |
|-------------------------|--|--|
| A. | Facility Name | |
| B. | Facility Physical Address and ZIP Code | |
| C. | Facility Phone (with Area Code) | |
| D. | Property Owner (First and Last Name) | |
| E. | Property Owner's Mailing Address | |
| F. | Property Owner's Phone Number (with Area Code) | |

| II. APPLICANT INFORMATION | | |
|---------------------------|---|------------------------------|
| A. | Facility Owner (First and Last name) | |
| B. | Facility Owner's Mailing Address | |
| C. | Legally-authorized Representative of Owner (if different from facility owner) | <input type="checkbox"/> N/A |
| D. | Legally-authorized Representative (Title) | <input type="checkbox"/> N/A |
| E. | Legally-authorized Representative's Mailing Address | <input type="checkbox"/> N/A |
| F. | Emergency Contact Phone Number (cell phone preferred) | |

| III. COMBUSTIBLE MATERIAL (CM) INFORMATION | | | |
|---|--|--------------------|--|
| A. Unit 1 | | B. Unit 2 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| C. Unit 3 | | D. Unit 4 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| E. Unit 5 | | F. Unit 6 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| G. Unit 7 | | H. Unit 8 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| I. Unit 9 | | J. Unit 10 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| K. Unit 11 | | L. Unit 12 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| M. Unit 13 | | N. Unit 14 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |

| | | | |
|--------------------|--|--------------------|--|
| O. Unit 15 | | P. Unit 16 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| Q. Unit 17 | | R. Unit 18 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |
| S. Unit 19 | | T. Unit 20 | |
| Type of CM | | Type of CM | |
| Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized | Storage | <input type="checkbox"/> Baled/Containerized <input type="checkbox"/> Loose/Uncontainerized |
| Cubic Yards (max.) | | Cubic Yards (max.) | |

| | |
|---|---|
| IV. PERMIT TIER (check only one) | |
| A. Tier 1 <input type="checkbox"/> | Check Tier 1, only if your facility maintains: a) No more than one (1) unit of loose storage, and/or b) No more than one (1) unit of baled storage |
| B. Tier 2 <input type="checkbox"/> | Check Tier 2, only if your facility maintains: a) More than one (1) unit of loose storage, b) More than one (1) unit of baled storage, or c) Any combination of more than two (2) units of loose or baled storage |

| | |
|--|--|
| V. APPLICANT SIGNATURE | |
| By signing this form below, I understand that the information I have submitted on this form is true and correct. I acknowledge that the Fire Official has the authority to revoke an OSCOM Permit assigned to this facility if it is discovered that I have supplied false, incorrect or misleading information on this application form, pursuant to subsection 9.52.030 §105.6.52.4.A of the City of El Paso Municipal Code. | |
| Applicant Name* (First, Last) | |
| Applicant's Signature | |
| Date Signed | |

* Must be Facility Owner or Representative identified in Section II.C.

ATTACHMENTS

I. FINANCIAL RESPONSIBILITY (9.52.030 §105.6.52.8)

Proof of financial responsibility must be provided in accordance with subsection 105.6.52.8 of the Municipal Code. Financial responsibility shall be maintained during the entire term of the permit. Failure to do so shall result in a violation and potential revocation of the facility's OSCOM permit.

(Please ensure that a copy of the insurance policy certificate is attached to this permit application.)

- A. Tier 1 \$1,000,000.00 liability coverage, or
- B. Tier 2 \$2,000,000.00 liability coverage

II. FACILITY DIAGRAM (§105.6.52.2.C)

Facility diagram is required to be provided with this permit application. Each unit of combustible material storage must be clearly indicated on the diagram, using the unit number(s) provided in Section III of this application. The acceptable forms of facility diagram are either a drafted site plan or a labeled satellite image.

(Please ensure that facility diagram is attached to this permit application.)

- A. Site Plan (drafted), or
- B. Satellite Image (labeled)