

Site Address: _____

- Underground
- Above Ground

Owner Name: _____ Contractor: _____

Address: _____ Address: _____

City/State: _____ Zip: _____ City/State: _____ Zip: _____

Phone: _____ State License No. /Exp. Date _____

Contact: _____ Phone: _____ Email: _____

Description of Work: _____

Valuation (including labor): _____ Proposed date to start work: _____

Tanks(s):	Tank #1	Tank #2	Tank #3	Tank #4
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Capacity:	_____	_____	_____	_____
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Product:	_____	_____	_____	_____
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Age of Tank:	_____	_____	_____	_____
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UL Listing:	_____	_____	_____	_____
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Check all that apply: Motor vehicle fuel dispensing _____ Bulk storage _____ Loading rack _____

Type of dispensing: Public _____ Private _____ Attendant? Yes _____ No _____ 24-hour? _____

Secondary containment: Double-wall tank _____ or Dike _____ Dike material _____

Describe overfill protection: _____

Describe spill prevention: _____

Describe leak detection: _____

Describe normal venting: _____ Emergency vent size: _____

Describe vehicle impact protection: _____

Describe signage/labeling: _____

Describe dispenser(s): _____

Describe hose and breakaway devices: _____

Describe vapor removal method: _____

Name of environmental company used for soil testing: _____

Disposal site for tank(s): _____

Disposal site for sludge/product: _____

Disposal site for contaminated product: _____

Describe lightning protection: _____

Describe electrical classifications: _____

Is there a canopy over tank or dispenser? _____

Application Submittal Requirements:

1. Provide a sketch showing location of tank(s), piping and utilities.
2. Provide documentation of MNPCA notification.
3. Provide documentation of MNPCA certification of company and supervisor.
4. Provide manufactures specifications.

Tank Removal Inspections:

1. Pre-excavation inspection.
2. Post-excavation - Tank(s) inspection before removal from site.
3. Open pit inspected before refilling.

Note: Tanks shall be removed from site as soon as possible, no longer than 24 hours after removal from the ground. Tanks must remain plugged after vapor removal.

I hereby apply for this permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Rosemount, the Minnesota State Fire Code, NFPA standards, and the Pollution Control Agency rules; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Signature of Applicant or Authorized Agent

Date

NOTICE: This is an application only. Permit will be issued after City approval and payment of fees.

***** FOR OFFICE USE ONLY *****

Fire Marshal Approval _____
Date

Special Conditions _____