



CHESPROCOTT HEALTH DISTRICT

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Maura A. Esposito RS, MPH, Director of Health

APPLICATION FOR PERMIT FOR INSTALLATION of UNDERGROUND FUEL OIL TANK FACILITY

Date: _____

Residential _____ Commercial _____ Industrial _____

Above Ground Transmission Line Safety Shield _____

Owner _____

Installer _____

Address _____

Address _____

Town _____

Town _____

Telephone _____

Telephone _____

Type of Tank

Fiberglass (F.R.P.)

_____ Number of Gallons

_____ Years of Guarantee

_____ Contact Plates

_____ Overfill Protection

_____ Safety Shield or Sleeve

_____ Type of Petroleum

Steel

_____ Number of Gallons

_____ Years of Guarantee

_____ Contact Plates

_____ Overfill Protection

_____ Safety Shield or Sleeve

_____ Type of Petroleum

_____ Cathodic Protection & Monitoring

Device

_____ Protective Coating

Name/Location of Manufacturer

Name/Location of Manufacturer

Planned Installation Date _____

Fee \$ _____

Approval _____

Signature _____