



CHESPROCOTT HEALTH DISTRICT

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Kathryn Glendon, MPH, CHES, CPS, Director of Health

APPLICATION FOR PERMIT INSTALLATION OF UNDERGROUND FUEL OIL TANK

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: _____

Staff Review Only

(Fee \$300.00) **DATE PAID:** _____

_____**APPROVED OR** _____**DENIED by (Sanitarian)** _____**Date** _____