



# STORAGE TANK PERMIT APPLICATION

Appl: # \_\_\_\_\_

\$ \_\_\_\_\_ (Invoice)

3400 Plymouth Boulevard  
Plymouth, MN 55447  
General Information (763)509-5430  
Inspection Scheduling (763)509-5449  
FAX (763) 509-5407

**Property Location:** \_\_\_\_\_

~ OR ~

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision Name \_\_\_\_\_

Property I.D. (PIN) No. \_\_\_\_\_

*For non-invoiced customers, permits may be mailed in or faxed in (if no plans are required).  
You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community  
Development at City Hall. Note: Checks are not to be mailed with the permit application.*

| Proposed Use:          | <u>Residential</u>       | <u>Non-Residential</u>   |
|------------------------|--------------------------|--|
| Single Family Detached | <input type="checkbox"/> | Church <span style="float: right;"><input type="checkbox"/></span>     |
| Townhouse              | <input type="checkbox"/> | Commercial <span style="float: right;"><input type="checkbox"/></span> |
| Two Family             | <input type="checkbox"/> | Industrial <span style="float: right;"><input type="checkbox"/></span> |
| Multi-Family           | <input type="checkbox"/> | Public <span style="float: right;"><input type="checkbox"/></span>     |
|                        |                          | Other _____  |

**Applicant is:**  Contractor  Other  Owner  Tenant

**Are you approved as an Invoice Contractor?**  Yes  No

**If yes, are the fees for this permit to be invoiced?**  Yes  No

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_

**State Certification #** \_\_\_\_\_ **Telephone No.:** \_\_\_\_\_ (Bus., pager, mobile)

**Tenant Name (if applicable)** \_\_\_\_\_ **Unit/Suite #** \_\_\_\_\_

LIST EACH TANK INDIVIDUALLY UNLESS ALL INFORMATION IS THE SAME.

|  |  |
|--|--|
| <b>Type of Work:</b> <input type="checkbox"/> Install <input type="checkbox"/> Modify <input type="checkbox"/> Removal<br><b>Tank Location:</b> <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground<br><b>Fuel Type:</b> <input type="checkbox"/> Chemical (Indicate) _____<br><input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane<br><input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____<br><b>Tank Size (Capacity):</b> _____<br><b>No. Of Items (Quantity):</b> _____ | <b>Type of Work:</b> <input type="checkbox"/> Install <input type="checkbox"/> Modify <input type="checkbox"/> Removal<br><b>Tank Location:</b> <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground<br><b>Fuel Type:</b> <input type="checkbox"/> Chemical (Indicate) _____<br><input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane<br><input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____<br><b>Tank Size (Capacity):</b> _____<br><b>No. Of Items (Quantity):</b> _____ |
| <b>Type of Work:</b> <input type="checkbox"/> Install <input type="checkbox"/> Modify <input type="checkbox"/> Removal<br><b>Tank Location:</b> <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground<br><b>Fuel Type:</b> <input type="checkbox"/> Chemical (Indicate) _____<br><input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane<br><input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____<br><b>Tank Size (Capacity):</b> _____<br><b>No. Of Items (Quantity):</b> _____ | <b>Type of Work:</b> <input type="checkbox"/> Install <input type="checkbox"/> Modify <input type="checkbox"/> Removal<br><b>Tank Location:</b> <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground<br><b>Fuel Type:</b> <input type="checkbox"/> Chemical (Indicate) _____<br><input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane<br><input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____<br><b>Tank Size (Capacity):</b> _____<br><b>No. Of Items (Quantity):</b> _____ |

**Describe Proposed Work:** \_\_\_\_\_

**PERMIT FEE SCHEDULE**

|  |                  |
|--|------------------|
| For installation, modification, removal or abandonment | \$75.00 per tank |
|--|------------------|

I HEREBY APPLY FOR STORAGE TANK PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES AND (4) THE STATE BUILDING CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING CODE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Applicant's Name

**For Office Use Only**

**Plan Review Requirements (to be checked):**

- Site Plan Submitted
- Tank Manufacturer's specifications submitted
- State Fire Marshal approval required

**Inspection Types (to be checked):**

- Footing    Foundation    Slab
- Tank/ pipe pressure testing
- Final    Other: \_\_\_\_\_
- If a residential fuel oil tank over 1,100 gallons, verify that the applicant is licensed.

**Authorized for Issuance:**

Initials          Date

- Fire Review:    Yes \_\_\_\_\_
- Planning Review:    Yes \_\_\_\_\_
- Building Review:    Yes \_\_\_\_\_

**Permit Purpose: (Remarks)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_