# PERMIT APPLICATION
# FUEL STORAGE

**DATE _____** **TANK INSTALL DATE _____**

**PROPERTY OWNER INFORMATION: ([ ] check if property owner is applicant)**

NAME _____ PHONE _____

INSTALL ADDRESS _____

**CONTRACTOR INFORMATION: ([ ] check if contractor is applicant)**

NAME _____ PHONE _____

COMPANY ADDRESS _____

**BUSINESS NAME (if tank(s) being used as part of motor vehicle dispensing facility)**

BUSINESS _____

**TANK INFORMATION: [ ] Above Ground [ ] Under Ground**

NUMBER OF TANKS _____

SIZE (gal.) _____/_____/_____/_____
(TANK #1) (TANK #2) (TANK #3) (TANK #4)

TANK(s) UL LISTED? [ ] YES [ ] NO

FUEL TYPE? [ ] DIESEL [ ] GASOLINE [ ] FUEL OIL [ ] PROPANE [ ] OTHER_____

BRIEFLY DESCRIBE WORK BEING DONE AND WHY FUEL IS NEEDED:

_____

_____

_____
**Signature of Applicant**

(For Office Use Only)

PROVIDED WITH APPLICATION:
[ ] Site map with tank location (required)
[ ] Contractor insurances (required)
Building Permit # (if appl.) _____

Application approved? [ ] Yes [ ] No

Date: _____

By: _____

Town of Penfield
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