

APPLICATION OF FUEL STORAGE TANK PERMIT (TAN)

Any installation of underground / above ground storage tank will be taken out on this form.

We also require a plot plan showing where the tank will be located. Show the distance from the building, if any on property. If tank is inside the house (basement etc.), no plot plan is needed

If the tank is to be put in a garage, protective bollards may be needed to prevent vehicle impact.

If removing a tank, we do not issue a Permit.

APPLICATION FOR FUEL STORAGE ~TANK PERMIT

TOWN OF NEWINGTON, 131 CEDAR STREET, NEWINGTON, CONN. 06111

TEL. (860) 665-8580 FAX. (860) 665-8577 - BUILDING DEPARTMENT

APPLICATION MUST BE FILLED OUT COMPLETELY IN INK

JOB LOCATION: _____

CONTRACTOR'S NAME: _____

TELEPHONE NO. (____) ____ - ____

CONTRACTOR'S ADDRESS: _____

CITY _____

STATE _____ ZIP _____

STATE LIC NO. _____

(HOME)OWNERS NAME: _____

TELEPHONE NO. (____) ____ - ____

(HOME)OWNERS ADDRESS: _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

TOTAL VALUE OF WORK TO BE PERFORMED: \$ _____

TYPE OF BUILDING: RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

TYPE OF JOB: NEW UNDER GROUND INSTALLATION _____

NEW ABOVE GROUND INSTALLATION _____

CAPACITY OF TANK _____ GALS FILL PIPE SIZE _____

TYPE OF FUEL STORED GAS OIL LPG OTHER

ALL WORK COVERED BY THIS APPLICATION HAS BEEN AUTHORIZED BY THE (OWNER) OR (AGENT) OF THIS PROPERTY AND WILL BE DONE ACCORDING TO STATE CODES AND REGULATIONS. **NO WORK SHALL BE STARTED UNTIL THE BUILDING DEPARTMENT HAS RECEIVED THIS APPLICATION AND HAS ISSUED A PERMIT.**

SIGNED: _____ / ____ / ____ (____) ____ - ____
(APPLICANT) DATE TELEPHONE NO.

PLEASE PRINT NAME: _____

STORAGE TANK
PERMIT FEE \$ _____
ZONING FEE \$ _____
TOTAL PAID \$ _____

APPLICATION
RECEIVED BY _____
DATE _____ / ____ / ____

APPROVED BY _____
DATE _____ / ____ / ____
PERMIT NO. _____

NOTE: CALL BUILDING DEPARTMENT FOR REQUIRED INSPECTIONS.

24 HOUR NOTICE IS REQUIRED (860-665-8580)