TOWN OF SUFFIELD

PERMIT APPLICATION FOR STORAGE/REMOVAL OF FLAMMABLE LIQUIDS,
GASES OR HAZARDOUS MATERIALS

DATE: ________________ PERMIT#: ________________
VALUE OF JOB $ ________________ DATE ISSUED: ________________
FEE AMOUNT $ ________________

1. (APPLICANT) ___________________________ HEREBY APPLY FOR A PERMIT TO STORE / REMOVE

(FUEL TYPE) ___________________________ AT ___________________________________________

2. DESCRIBE STORAGE FACILITY (CIRCLE ONE)

ABOVEGROUND UNDERGROUND BASEMENT PORTABLE OTHER ______

3. TANK CAPACITY ___________________________ TANK MATERIAL ___________________________

VENT SIZE ___________________________ FILL SIZE ___________________________

4. INSTALLATION / REMOVAL BY: ___________________________

5. CATHODIC PROTECTION WILL BE PROVIDED BY ___________________________

ABOVE & UNDERGROUND STORAGE TANKS MUST FOLLOW CHAPTER 541, PART 11, CONN.

APPLICANT

SIGNATURE ___________________________ NAME ___________________________

ADDRESS ___________________________ ADDRESS ___________________________

PHONE# ___________________________ PHONE# ___________________________

LICENSE# ___________________________

PERMISSION IS GRANTED _____ DENIED _____

BUILDING OFFICIAL'S

SIGNATURE ___________________________ DATE ____________

CALL BEFORE YOU DIG# ___________________________