

ABOVE / UNDERGROUND TANK APPLICATION

In accordance with the Code of the Town of Gates the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

Town of Gates

Office of the Fire Marshal
 1605 Buffalo Road
 Rochester, NY 14624
 (585) 247-6100
 (585) 426-8581 Fax
 www.townofgates.org



All fields must be completed. If not applicable, please mark with N/A Date: _____

UNSIGNED APPLICATIONS WILL BE RETURNED

SITE INFORMATION

BUILDING/SITE NAME:
BUILDING/SITE ADDRESS:
MAILING ADDRESS:

APPLICANT INFORMATION

BUISNESS NAME:		
ADDRESS:		
PHONE#:	FAX#:	E-MAIL:
CONTACT NAME:		
SIGNATURE:		

(SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

NAME:		
ADDRESS:		
PHONE#:	FAX#:	E-MAIL:
ON SITE CONTACT NAME:		CELL PHONE#:

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE TANK? YES NO TOTAL # of Tanks _____
 DOES THIS WORK INVOLVE MORE THAN ONE TANK LOCATION ON SITE? YES NO TOTAL # of Locations _____

PURPOSE: Installation Addition Alteration Repair

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES NO

PERMIT FEE \$150.00

Submittal of plans and payment of fees does not imply Permission or permit by the Town of Gates for project design or commencement of work.
APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING INSTALLATION/WORK.

SUBMITTAL REQUIREMENTS: (Submittal shall include: Drawings – 3 Copies (stamped and signed by an Architect or Engineer))

<u>UNDERGROUND</u>	Please Check	<u>ABOVEGROUND</u>	Please Check
Installation of UST, piping, etc...	_____	Installation of AST (61 – 499 gals.)	_____
Alteration of UST, piping, etc...	_____	Installation of AST (500 or more gals.)	_____
Repair of UST, piping, etc...	_____	Alteration of AST, piping, etc...	_____
Out-of-Service regulated UST	_____	Repair of AST, piping, etc...	_____
Change contents stored in UST	_____	Change contents stored in AST	_____
Fill in Place/Abandon UST	_____	Out-of-Service AST (for tracking only)	_____
Remove Class I/II UST, piping	_____	MISCELLANEOUS TANK – PIPING – TURBINE ACTIVITIES	
Remove Critical Material UST	_____	Install Dispenser, Piping, Turbine ONLY	_____
Underground Leak Test	_____	Alter Dispenser, Piping, Turbine ONLY	_____
Removal/Closure of Residential Heating Oil Tanks	_____	Repair Dispenser, Piping, Turbine ONLY	_____

(continued on reverse)

Tank #1

UNDERGROUND

ABOVEGROUND

of Compartments _____

Compartment-1

Compartment-2

Compartment-3

Class of Commodity (I, II, III A, etc.)

Product/Commodity Name

Capacity (Gallons)

Tank Construction Material/Specifications: _____

Tank Type: (i.e. Single Wall, Double Wall, etc.) _____

Manufacturer: _____ Serial #: _____

Diameter: _____ Length: _____

Tank Location: _____

Tank #2

UNDERGROUND

ABOVEGROUND

of Compartments _____

Compartment-1

Compartment-2

Compartment-3

Class of Commodity (I, II, III A, etc.)

Product/Commodity Name

Capacity (Gallons)

Tank Construction Material/Specifications: _____

Tank Type: (i.e. Single Wall, Double Wall, etc.) _____

Manufacturer: _____ Serial #: _____

Diameter: _____ Length: _____

Tank Location: _____

Tank #3

UNDERGROUND

ABOVEGROUND

of Compartments _____

Compartment-1

Compartment-2

Compartment-3

Class of Commodity (I, II, III A, etc.)

Product/Commodity Name

Capacity (Gallons)

Tank Construction Material/Specifications: _____

Tank Type: (i.e. Single Wall, Double Wall, etc.) _____

Manufacturer: _____ Serial #: _____

Diameter: _____ Length: _____

Tank Location: _____

PROJECT NARRATIVE: _____
