

APPLICATION OF FUEL STORAGE TANK PERMIT (TAN)

Any installation of an underground/above-ground storage tank or removal of an underground 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 an underground tank, we require a Soil Report and photos of the area before removal and after removal. After removal, the area should be properly filled and compacted to restore the site's integrity.

APPLICATION FOR FUEL STORAGE ~TANK PERMIT
TOWN OF NEWINGTON, 200 GARFIELD, 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: _____ E-MAIL: _____

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)