

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)