

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

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>	<u>Please Check</u>	<u>ABOVEGROUND</u>	<u>Please Check</u>
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: _____
