

Make application to local Fire Department.

Fire Department retains original application and issues duplicate as Permit.



Commonwealth of Massachusetts
Department of Fire Services - Board of Fire Prevention

APPLICATION and PERMIT

Fee: \_\_\_\_\_

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

Tank Owner

Tank Owner Name (please print) \_\_\_\_\_ X \_\_\_\_\_ Signature (if applying for permit)

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Removal Contractor

Company Name \_\_\_\_\_ Print

Address \_\_\_\_\_ Print

Signature (if applying for permit) \_\_\_\_\_

IFCI\* Certified Other \_\_\_\_\_

Contamination Assessment

Co. or Individual \_\_\_\_\_ Print

Address \_\_\_\_\_ Print

Signature (if applying for permit) \_\_\_\_\_

IFCI\* Certified LSP # \_\_\_\_\_ Other \_\_\_\_\_

Tank Information

Tank Location \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_

Tank Capacity (gallons) \_\_\_\_\_ Substance Last Stored \_\_\_\_\_

Tank Dimensions (diameter x length) \_\_\_\_\_

Remarks: \_\_\_\_\_

Disposal Information

Firm transporting waste \_\_\_\_\_ State Lic. # \_\_\_\_\_

Hazardous waste manifest# \_\_\_\_\_ E.P.A. # \_\_\_\_\_

Approved tank disposal yard \_\_\_\_\_ Tank yard # \_\_\_\_\_

Type of inert gas \_\_\_\_\_ Tank yard address \_\_\_\_\_

Approvals

City or Town \_\_\_\_\_ Middleton \_\_\_\_\_ FDID# \_\_\_\_\_ 09-184 \_\_\_\_\_ Permit# \_\_\_\_\_

Date of issue \_\_\_\_\_ Date of expiration \_\_\_\_\_

Dig safe approval number: \_\_\_\_\_

Dig Safe Toll Free Tel. Number - 800-322-4844

Signature / Title of Officer granting permit \_\_\_\_\_

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send Form FP-290R signed by Local Fire Department to Office of the State Fire Marshal, UST Regulatory Compliance Unit, P.O. Box 1025, Stow, MA 01775.

\*International Fire Code Institute