

COMMUNITY FIRE PROTECTION DISTRICT
Fire Marshal Office

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9411 Marlowe t Overland, Missouri 63114
Phone 314-428-1128 t Fax 314-592-3843

STORAGE TANK PERMIT APPLICATION

Installation or Removal (circle one)

Date of Application _____

Address of Installation/Removal _____

Estimated Cost of Installation/Removal _____

Property Owner Name _____

Address _____

Phone _____

Installer Name _____

Address _____

Phone _____

Tank Manufacturer _____

Tank ID # _____ Approved By (UL, ASME, etc.) _____

Type of Construction (steel, fiberglass, etc.) _____

Horizontal or Vertical (circle one) Above or Below Ground (circle one)

Capacity _____ Contents _____

Leak Detection (ground water monitoring, vapor detection etc.) _____

Base (circle one): Ground Concrete Supports

Piping (circle one): Above Ground Below Ground Both

Comments _____

This application must be accompanied by 2 sets of construction plans and site plans. **This application does not authorize installation or removal.**

Signature of Applicant _____ Date _____

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OFFICE USE ONLY

Permit # _____ Permit Fee _____

Approved by _____ Date _____

Disapproved by _____ Date _____

Remarks _____

