

Permit Application for ABOVE & UNDERGROUND STORAGE TANKS

4040 Lewis Speedway. - St. Augustine, FL 32084

Phone: 904-827-6800 Fax: 904-827-6849

Permit to be reviewed by Building Department & Fire Marshal

- | | |
|---|--|
| <input type="checkbox"/> Installation of Aboveground Tanks (more than 60 gal) | <input type="checkbox"/> Permanent Closure of Tanks in Place |
| <input type="checkbox"/> Installation of Underground Tanks | <input type="checkbox"/> Removal of Underground Tanks |
| <input type="checkbox"/> Taking Tanks Temporarily Out of Service | <input type="checkbox"/> Disposal of Tanks |
| <input type="checkbox"/> Storage of Removed Tanks | <input type="checkbox"/> Replacement of Dispenser |
| <input type="checkbox"/> Replacement of Products Lines Only | |

TANK I.D. NUMBERS

Class of Liquid per NFPA 30. _____

Permit Fees

- For underground tanks the review fee will be \$54.00 for the Fire Marshals Office plus a \$25.00 handling fee for the building department.
- For above ground tanks the review fee for the building department will be based on evaluation of contract price plus \$54.00 for the Fire Marshals Office

Company or Contractor seeking permit _____ Contractor's License # _____

Mailing Address _____

Contact _____ Cell _____ Office _____ Fax _____

Starting Date of Propose Work _____

Location / Address of Tank _____

Size of Tank _____ Contents of Tank _____

1. Obtain Clearance Sheet from County Development Services and provide approved site plan.
2. Submit 3 sets of approved plans (by Florida DEP per Chapter 62-761, Storage Tank Systems)to Bldg. Dept. Permit Clerk
3. All work will comply with NFPA 30, Flammable and Combustible Liquids Code, of the most current edition adopted by State of Florida.
4. Prior to issuing this permit all reviewing agencies will review all submitted materials . If negative issues are found, comments will be forwarded to the owner/contractor in writing.
5. REMEMBER TO PROVIDE TANK I.D. NUMBERS

Name _____ Signature/Date _____

OFFICIAL USE ONLY			
CS # or BP #	FHID	FRST	COST
Signature of Building Department Representative / Date		APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>
Signature of Fire Department Representative / Date		APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>