

Make application to local fire department.
Fire department retains original application and issues duplicate as permit.



The Commonwealth of Massachusetts
Department of Fire Services – Office of the State Fire Marshal

APPLICATION and PERMIT

Fee: _____

for steel underground storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38, 527 CMR 1.00 Section 1.12.8.40, application is hereby made by:

Tank Owner	
Tank Owner Name (please print) _____	X _____ <small>Signature (if applying for permit)</small>
Address _____	_____
<small>Street</small>	<small>City State Zip</small>
Removal Contractor	Contamination Assessment
Company Name _____ <small>Print</small>	Co. or Individual _____ <small>Print</small>
Address _____ <small>Print</small>	Address _____ <small>Print</small>
Signature (if applying for permit) _____	Signature (if applying for permit) _____
<small>⇒ IFCI* Certified</small> Other _____	<small>⇒ IFCI* Certified</small> <small>⇒ LSP #</small> _____ Other _____
Tank Information	
Tank Location _____	<small>Street Address</small> _____ <small>City</small> _____
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 _____	FDID# _____ Permit# _____
Date of Issue _____	Date of Expiration _____
Dig Safe approval number: _____	Trenching Permit # _____
<small>Dig Safe Toll Free Tel. Number - 800-322-4844</small>	
Signature / Title of Officer granting permit _____	

*International Fire Code Institute