



Permit Application Tank Installation/Removal



430 Third St., Farmington, MN 55024
651-280-6945 Fax-651-280-6839

Date _____ Permit No. _____

Site Address	_____
Tenant/Bldg Name	_____

Applicant: Owner _____ Contractor _____ Other _____

Property Owner	Name/Company _____ Phone No. _____ Address _____ City _____ State _____ Zip _____
Contractor	Company _____ Phone No. _____ Contractor License No.: _____ Expiration Date _____ Contact Person (Print) _____ Phone No. _____ Address _____ City _____ State _____ Zip _____

PERMIT FEE'S	500 Gallons or less	\$25.00
	501 – 1000 Gallons	\$50.00
	1001 plus gallons	1.5% of contracted cost up to \$10,000 – 1% over \$10,000
TANK REMOVAL - \$100.00 PER TANK		

Contractor's Total Valuation \$ _____ **Permit Fee** _____

Fire Permit Type
<input type="checkbox"/> 55 - Liq. Petroleum/Gas <input type="checkbox"/> 56 - Flammable/Combustible <input type="checkbox"/> 57 - Chemical Pressurized <input type="checkbox"/> 58 - Chemical Non-pressurized
Work Type
<input type="checkbox"/> 90 - Above Ground <input type="checkbox"/> 91 - Below Ground <input type="checkbox"/> 92 - Mounded <input type="checkbox"/> 93 - Buried <input type="checkbox"/> 94 - Inside Bldg <input type="checkbox"/> 95 - Outside Bldg <input type="checkbox"/> 85 - Removal (See Guidelines)

Tank Information (Provide manufacture cut sheet):

	Tank 1	Tank 2	Tank 3	Tank 4
Capacity:	_____	_____	_____	_____
Size:	_____	_____	_____	_____
Product:	_____	_____	_____	_____
Construction:	_____	_____	_____	_____
UL Listed:	_____	_____	_____	_____

**CONTACT DEPUTY FIRE CHIEF MATTHEW PRICE FOR PLAN REVIEW
AND INSPECTIONS – 651-280-6945**

Submit the Following Information

Tanks shall be designed and installed to the requirements of the Minnesota State Fire Code and NFPA 58.

1. Plot plan of property showing location of adjacent streets, highways, buildings, real property lines, and immediate surroundings. (Includes distances from/between all equipment)
2. Information on the design and construction of the tank. This should include manufacturers' information to properly test the tank.
3. Application for city permit and permit fee must accompany plans (approved and stamped by the State Fire Marshal) for review.
4. Piping (material) (provide manufacturer cut sheet):
Vent Lines _____ Dispensing Lines _____
5. Type of Secondary Containment (provide manufacturer cut sheet):
Tank _____ Pipe _____
6. Type of dispensing:
Full Service _____ Self Service _____
7. Corrosion Protection (type of anodes installed):
Tank _____ Pipe _____
8. Leak Detection Method (provide manufacturer cut sheet):
Tank _____ Pipe _____ Other _____
9. Testing Company _____
Address _____
10. Tank removed to _____
11. Completion date _____

This permit shall be null and void if authorized work is not started within 180 days or if work is suspended or abandoned for 180 days or more after work is started.

I hereby apply for a Tank permit and I acknowledge that the information above is complete and accurate; that the work will be in conformance with the ordinances and codes of the City of Farmington and with the Minnesota Building/Fire Codes; that I understand this is not a permit but only an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plan in the case of work which requires a review and approval of plans.

_____/_____
Applicant's Signature/Date

Permit Approved By:

Date Approved: