

UNDERGROUND STORAGE TANK

PERMIT APPLICATION

TO CONSTRUCT-INSTALL NEW TANK (NEW FACILITY)/NEW TANK INSTALL (EXISTING FACILITY)/MOD-MINOR MOD



BAKERSFIELD FIRE DEPARTMENT

Prevention Services

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Permit #

TYPE OF APPLICATION: NEW TANK INSTALL/NEW FACILITY NEW TANK INSTALL/EXISTING FACILITY
(CHECK ONE ONLY) MODIFICATION OF FACILITY MINOR MODIFICATION OF FACILITY

| | | | |
|------------------|-------------------------------------|----------------------------|----------|
| STARTING DATE/ | | PROPOSED COMPLETION DATE | |
| FACILITY NAME | | EXISTING FACILITY PERMIT # | |
| FACILITY ADDRESS | | CITY | ZIP CODE |
| TYPE OF BUSINESS | | APN # | |
| TANK OWNER | | PHONE # | |
| ADDRESS | | CITY | ZIP CODE |
| CONTRACTOR | | CA LICENSE # | ICC # |
| ADDRESS | | CITY | ZIP CODE |
| PHONE # | BAKERSFIELD CITY BUSINESS LICENSE # | WORKMANS COMP # | INSURER |

BRIEFLY DESCRIBE THE WORK TO BE DONE:

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WATER TO FACILITY PROVIDED BY

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|----------------------------|--|--|--|
| DEPTH TO GROUND WATER | | SOIL TYPE EXPECTED AT SITE | |
| # OF TANKS TO BE INSTALLED | ARE THEY FOR MOTOR FUEL? <input type="checkbox"/> YES <input type="checkbox"/> NO | SPILL PREVENTION CONTROL AND COUNTERMEASURES PLAN ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO | |

THIS SECTION IS FOR STORAGE TANK IDENTIFICATION

| TANK # | VOLUME | UNLEADED | REGULAR | PREMIUM | DIESEL | OTHER |
|--------|--------|----------|---------|---------|--------|-------|
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| | | | | | | |
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| | | | | | | |

Tank Testing Company

| | | |
|-------------------------|--|--------------|
| NAME OF TESTING COMPANY | | PHONE NUMBER |
| MAILING ADDRESS | | |
| NAME OF TESTER | | ICC# |

THE APPLICANT HAS RECEIVED, UNDERSTANDS, AND WILL COMPLY WITH THE ATTACHED CONDITIONS OF THIS PERMIT AND ANY OTHER STATE, LOCAL, AND FEDERAL REGULATIONS. THIS FORM HAS BEEN COMPLETED UNDER PENALTY OF PERJURY, AND TO THE BEST OF MY KNOWLEDGE IS TRUE AND CORRECT.

| | |
|----------------|------|
| NAME OF TESTER | ICC# |
|----------------|------|

THIS APPLICATION BECOMES A PERMIT WHEN APPROVED

FOR OFFICIAL USE ONLY

| | |
|---------------|-------------|
| DATE APPROVED | APPROVED BY |
|---------------|-------------|