



STORAGE TANK PERMIT APPLICATION

Appl: # _____

\$ _____ (Invoice)

3400 Plymouth Boulevard
Plymouth, MN 55447
General Information (763)509-5430
Inspection Scheduling (763)509-5449
FAX (763) 509-5407

Property Location: _____

~ OR ~

Legal Description: Lot _____ Block _____ Subdivision Name _____

Property I.D. (PIN) No. _____

*Permits may be emailed to inspections@plymouthmn.gov, mailed in or faxed in (if no plans are required).
You will be called with the permit fee when the permit is ready to be picked up and paid for IN PERSON in Community
Development at City Hall. Note: Checks are not to be mailed with the permit application.*

Proposed Use:	<u>Residential</u>	<u>Non-Residential</u>
Single Family Detached	<input type="checkbox"/>	Church <input type="checkbox"/>
Townhouse	<input type="checkbox"/>	Commercial <input type="checkbox"/>
Two Family	<input type="checkbox"/>	Industrial <input type="checkbox"/>
Multi-Family	<input type="checkbox"/>	Public <input type="checkbox"/>
		Other _____

Applicant is: Contractor Other Owner Tenant

Name: _____ **Email:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Telephone No.:** _____

State Certification # _____ **Telephone No.:** _____ (Bus., pager, mobile)

Tenant Name (if applicable) _____ **Unit/Suite #** _____

LIST EACH TANK INDIVIDUALLY UNLESS ALL INFORMATION IS THE SAME.

Type of Work: <input type="checkbox"/> Install <input type="checkbox"/> Modify <input type="checkbox"/> Removal Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Fuel Type: <input type="checkbox"/> Chemical (Indicate) _____ <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____ Tank Size (Capacity): _____ No. Of Items (Quantity): _____	Type of Work: <input type="checkbox"/> Install <input type="checkbox"/> Modify <input type="checkbox"/> Removal Tank Location: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground Fuel Type: <input type="checkbox"/> Chemical (Indicate) _____ <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other _____ Tank Size (Capacity): _____ No. Of Items (Quantity): _____
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Describe Proposed Work: _____

PERMIT FEE SCHEDULE

For installation, modification, removal or abandonment	\$75.00 per tank
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I HEREBY APPLY FOR STORAGE TANK PERMIT AND I ACKNOWLEDGE THAT THE INFORMATION ABOVE IS COMPLETE AND ACCURATE; I UNDERSTAND THIS IS NOT A PERMIT AND WORK IS NOT TO START WITHOUT A PERMIT.

I UNDERSTAND AND HEREBY AGREE THAT THE WORK FOR WHICH THE PERMIT IS ISSUED SHALL BE PERFORMED ACCORDING TO THE FOLLOWING: (1) THE CONDITIONS OF THE PERMIT, (2) THE APPROVED PLANS AND SPECIFICATIONS, (3) THE APPLICABLE CITY APPROVALS, ORDINANCES AND CODES AND (4) THE STATE BUILDING CODE.

I UNDERSTAND THAT THE PERMIT WILL EXPIRE AND BECOME NULL AND VOID IF WORK IS NOT STARTED WITHIN 180 DAYS OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF 180 DAYS ANYTIME AFTER WORK HAS COMMENCED; AND, THAT I AM RESPONSIBLE FOR ENSURING THAT ALL REQUIRED INSPECTIONS ARE REQUESTED IN CONFORMANCE WITH THE STATE BUILDING CODE.

Applicant's Signature

Date

Please Print Applicant's Name

For Office Use Only

Plan Review Requirements (to be checked):

- Site Plan Submitted
- State Fire Marshal approval required
- Tank Manufacturer's specifications submitted

Inspection Types (to be checked):

- Final Footing Foundation
- Other: _____
- Slab Tank/ pipe pressure testing
- If a residential fuel oil tank over 1,100 gallons, verify that the applicant is licensed.

Authorized for Issuance:

Initials Date

- Building Review: Yes _____
- Fire Review: Yes _____
- Planning Review: Yes _____

Permit Purpose: (Remarks)

