



FUEL STORAGE TANK PERMIT APPLICATION

Aboveground Fuel System/s	Install	Remove	Abandon/Fill	Repair
Underground Fuel System/s	Install	Remove	Abandon/Fill	Repair

Date of Application:

Applicant name:

Applicant signature:

Applicant address:

Applicant phone:

Applicant e-mail:

Name of Facility for tank location:

Facility address:

Application is hereby made for permit to (briefly explain scope of project):

Please list the following for each unit affected: aboveground or underground, capacity, product contained, and processes performed.

A SITE PLAN IS REQUIRED TO ACCOMPANY THIS APPLICATION

All aspects and all applicable requirements of the California Fire Code pertaining to this project shall be met.

Please contact Stanislaus County DER for additional permit