

## UNDERGROUND STORAGE TANK APPLICATION

FEE: \$50.00

Application is hereby requested for a permit to Install () or Replace ()  
\_\_\_ Underground Storage Tanks(s).

_____ Location/Address		_____	
Map	Parcel		
_____ Owner		_____ Address	
_____ Installer/Contractor		_____ Address	
_____ Lot Size, Sq. Ft.		_____ Number of tanks	

	<u>UT 1</u>	<u>UT 2</u>	<u>UT 3</u>
<u>UT 4</u>			
Tank Size	_____	_____	_____
Distance to Town Well(s)	_____	_____	_____
Construction Materials	_____	_____	_____

Secondary Containment System \_\_\_\_\_

Name of Registered Professional Engineer \_\_\_\_\_  
Enclose 4 copies of proposed plans

The undersigned agrees to install the afore described underground storage tank system in accordance with the Town of North Readings Board of Health Regulations on Underground Storage Tank(s). The undersigned also agrees not to place the system in operation until a final inspection has been conducted by the Board of Health and Fire Department.

\_\_\_\_\_  
Signature of Applicant

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

Application Disapproved for the following reasons \_\_\_\_\_