Make application to local Fire Department.
Fire Department retains original application and issues duplicate as Permit.

Commonwealth of Massachusetts

Department of Fire Services – Office of the State Fire Marshal

APPLICATION and PERMIT

Fee: _____

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

Tank Owner

PHONE #: _____

Tank Owner Name (please print) _____ X _____
Signature (if applying for permit)

Address _____
Street *City* *State* *Zip*

Removal Contractor

PHONE #: _____

Company Name _____
Print

Address _____
Print

Signature (if applying for permit)

_____

☐ IFCI* Certified Other _____

Contamination Assessment

PHONE #: _____

Co. or Individual _____
Print

Address _____
Print

Signature (if applying for permit)

_____

☐ IFCI* Certified ☐ LSP # _____ Other _____

Tank Information

Tank Location _____
Steet Address *City*

Tank Capacity (gallons) _____ Substance Last Stored _____

Tank Dimensions (diameter x length) _____

Remarks: _____

_____

Disposal Information

Firm transporting waste _____ State Lic. # _____

Hazardous waste manifest# _____ E.P.A. # _____

Approved tank disposal yard _____ Tank yard # _____

Type of inert gas _____ Tank yard address _____

Approvals

City or Town _____ FDID# _____ Permit# _____

Date of issue _____ Date of expiration _____

Dig safe approval number: _____ Dig Safe Toll Free Tel. Number - 800-322-4844

Signature / Title of Officer granting permit _____

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send Form FP-290R signed by Local Fire Dept. to UST Regulatory Compliance Unit, Department of Fire Services, P.O. Box 1025, State Road, Stow, MA 01775.

*International Fire Code Institute