

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



Commonwealth of Massachusetts
Department of Fire Services - Board of Fire Prevention

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

Tank Owner Name (please print) _____ X _____
Signature (if applying for permit)
Address _____
Street City State Zip

Removal Contractor

Company Name _____
Print
Address _____
Print
Signature (if applying for permit)

 IFCI* Certified Other _____

Contamination Assessment

Co. or Individual _____
Print
Address _____
Print
Signature (if applying for permit)

 IFCI* Certified LSP # _____ Other _____

Tank Information

Tank Location _____
Street 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: _____
Signature / Title of Officer granting permit _____

Dig Safe Toll Free Tel. Number - 800-322-4844

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

*International Fire Code Institute