

Make application to local fire department.  
Fire department retains original application and issues duplicate as permit.



*The Commonwealth of Massachusetts*  
*Department of Fire Services – Office of the State Fire Marshal*

# APPLICATION and PERMIT

Fee: \_\_\_\_\_

for steel underground storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38, 527 CMR 1.00 Section 1.12.8.40, 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: \_\_\_\_\_ Trenching Permit # \_\_\_\_\_

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

Signature / Title of Officer granting permit \_\_\_\_\_

\*International Fire Code Institute