

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:

<b>Tank Owner</b>	
Tank Owner Name (please print) _____	X _____ <small>Signature (if applying for permit)</small>
Address _____ <small>Street City State Zip</small>	
<b>Removal Contractor</b>	<b>Contamination Assessment</b>
Company Name _____ <small>Print</small>	Co. or Individual _____ <small>Print</small>
Address _____ <small>Print</small>	Address _____ <small>Print</small>
Signature (if applying for permit) _____	Signature (if applying for permit) _____
<input type="checkbox"/> IFCI* Certified    Other _____	<input type="checkbox"/> IFCI* Certified <input type="checkbox"/> LSP # _____    Other _____
<b>Tank Information</b>	
Tank Location _____ <small>Street Address City</small>	
Tank Capacity (gallons) _____	Substance Last Stored _____
Tank Dimensions (diameter x length) _____	
Remarks: _____ _____	
<b>Disposal Information</b>	
Firm transporting waste _____	State Lic. # _____
Hazardous waste manifest# _____	E.P.A. # _____
Approved tank disposal yard _____	Tank yard # _____
Type of inert gas _____	Tank yard address _____
<b>Approvals</b>	
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