

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	Contamination Assessment
Company Name _____ Print	Co. or Individual _____ Print
Address _____ Print	Address _____ Print
Signature (if applying for permit) _____	Signature (if applying for permit) _____
☞ IFCI* Certified Other _____	☞ 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 # _____	
Signature / Title of Officer granting permit _____	

*International Fire Code Institute