



FUEL STORAGE TANK PERMIT APPLICATION

Aboveground Fuel System/s	Install	Remove	Abandon/Fill	Repair
Underground Fuel System/s	Install	Remove	Abandon/Fill	Repair

Date of Application:

Applicant name:

Applicant signature:

Applicant address:

Applicant phone:

Applicant e-mail:

Name of Facility for tank location:

Facility address:

Application is hereby made for permit to (briefly explain scope of project):

Please list the following for each unit affected: aboveground or underground, capacity, product contained, and processes performed.

A SITE PLAN IS REQUIRED TO ACCOMPANY THIS APPLICATION

*All aspects and all applicable requirements of the California Fire Code
pertaining to this project shall be met.*

Please contact Stanislaus County DER for additional permit