



CHESPROCOTT HEALTH DISTRICT

1220 WATERBURY ROAD • CHESHIRE • CONNECTICUT

PHONE (203) 272-2761 • FAX (203) 250-9412

www.chesprocott.org

Charles Motes, Jr., MS, MPH, RS, Director of Health

APPLICATION FOR PERMIT INSTALLATION OF UNDERGROUND FUEL OIL TANK

Date: _____

Residential _____ Commercial _____ Industrial _____

Above Ground Transmission Line Safety Shield _____

Owner _____

Installer _____

Address _____

Address _____

Town _____

Town _____

Telephone _____

Telephone _____

Type of Tank

Fiberglass (F.R.P.)

_____ Number of Gallons

_____ Years of Guarantee

_____ Contact Plates

_____ Overfill Protection

_____ Safety Shield or Sleeve

_____ Type of Petroleum

Steel

_____ Number of Gallons

_____ Years of Guarantee

_____ Contact Plates

_____ Overfill Protection

_____ Safety Shield or Sleeve

_____ Type of Petroleum

_____ Cathodic Protection & Monitoring Device

_____ Protective Coating

Name/Location of Manufacturer

Name/Location of Manufacturer

Planned Installation Date: _____

Staff Review Only

(Fee \$300.00) **DATE PAID:** _____



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____**APPROVED OR**

____**DENIED by (Sanitarian)_Date_____**