



Town of Camp Verde

Community Development Department – Building Division

◆ 473 S. Main Street, Suite 108 ◆ Camp Verde, Arizona 86322 ◆

◆ Telephone: 928.554.0050 ◆ Fax: 928.567.7401 ◆

◆ www.campverde.az.gov ◆

FIRE PROTECTION SYSTEMS PROJECT PERMIT APPLICATION

Note: To ensure the most expedient permit processing, commercial applicants must receive approval for Development Standards Requirements through the Planning & Zoning Department prior to submitting an application for construction. Plans that do not meet the exception requirements of ARS §32-144 shall be designed and sealed by an Architect/Engineer licensed to practice in the State of Arizona. This shall include plans, calculations, and drawings including plumbing, mechanical and electrical in which one (1) set will require an original wet seal.

In order to process a fire protection systems project permit application, the following information must be submitted:

- ❑ **Completed Application Packet** - including project information, property information, property owner information, applicant information, designation of agent, contractor information, plot plan sketch, fire alarm permit application (if applicable) and fire sprinkler permit application (if applicable), hood and extinguishing permit application (if applicable).
Please Note: All contractors must have a valid ROC License and Town Issued Business License.
- ❑ **Three (3) Sets Of Construction Documents (Plans)** – One (1) Set Provided Must Be Original Wet Seal
 - ❑ Plans must be submitted on a minimum of 18" x 24" and a maximum of 36" x 48" size paper at no less than 1/4" = 1' and details at 1/2" = 1'. Plans, including calculations shall be legible and easy to read, and of sufficient clarity to indicate the location, nature and extent of the work proposed.
 - ❑ **Cover Sheet** – Including The Following Information:
 - ❑ Contacts (Principal, Company Name, Address & Phone Number)
 - ❑ Parcel Number & Address
 - ❑ Owners Name, Address & Phone Number
 - ❑ Sheet Index
 - ❑ Project Data (Codes Referenced, Zoning, Use, Site Coverage, Occupancy, Building Height, Construction Type, Square Footages, Building Area, Setbacks, Sprinklers, etc.)
 - ❑ **Site Plan** - Including An 8.5" x 11" Plot Plan Drawn To Scale Or Dimensioned Indicating The Following:
 - ❑ Assessor's Parcel Number and Project Address
 - ❑ Scale Used (May Be Engineer Or Architect's Scale)
 - ❑ Direction of North
 - ❑ Parcel Diagram (Including Property Lines and Dimensions)
 - Label front of property.
 - Label adjacent streets or alleys within 150' of property. Indicate width, length, turning radius and grade.
 - Indicate location and dimensions of easements that apply with proof of legal access.
 - Indicate ingress/egress (driveway locations).
 - Indicate topography, both existing and proposed, with contour lines shown in two (2) foot increments.
 - Indicate the location of any terrain features that affect placements including washes, creeks or ditches within twenty (20) feet of the building site.
 - Indicate all existing and proposed buildings and structures (actual footprints).
 - Indicate dimension and setbacks of all buildings to property lines and between new and existing structures.
 - Indicate utility easements and lines.
 - Indicate location of existing or proposed septic tank and leach lines, sewer line(s), water line(s), fire hydrant(s), electric and any other utility lines (including dimensions, size and setback or distance from proposed building).
 - Indicate location of well (if applicable).
 - Indicate location of propane tanks (including dimensions, size and setback or distance from proposed building, if applicable).
 - Delineate parking spaces and include ADA accessibility.



Handicap Relay: 711 or Voice: 1-800-842-4681 TTD: 1-800-367-8939



- ❑ **Architectural Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Floor plan for each story showing square footage.
 - Architectural details for fire resistive construction and penetrations.
 - Accessibility requirements and emergency exit plan.
 - Window, door and room finish schedules.
 - Proposed uses.
 - Fire wall location and type.
- ❑ **Structural Plans and Calculations** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional.
 - All structural components of the proposed work.
 - Roof framing plan, wall section, details and calculations for all the above.
 - Truss design drawings (with consideration for roof mounted equipment).
 - I-joint include but not limited to the following: foundation plan, floor framing plan, systems with manufacturer’s layout and engineering sheets.
- ❑ **Mechanical Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Complete mechanical system layout.
 - Calculations and methods of meeting ventilation requirements.
 - Details of equipment installation and condensation drains.
 - Fire damper and penetration details.
 - Kitchen hood system details.
- ❑ **Plumbing Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Complete layout for water, gas and drainage systems.
 - Pipe sizing for all proposed systems.
 - Isometric of waste, vent, hot/cold water, and gas systems.
- ❑ **Electrical Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable).
 - Complete layout including location of the service and sub-panels.
 - Details of any special systems.
 - Load calculations, panel schedules and one-line diagram.
- ❑ **Fire Alarm Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable). See Attached Camp Verde Fire District Requirements.
- ❑ **Fire Sprinkler Plans** – Shall Include and Be Designed and Sealed by an Arizona Registered Design Professional (As Applicable). See Attached Camp Verde Fire District Requirements.
- ❑ **Commercial Kitchen Hood/Ansul System Plans** – If Not Submitted As Part Of The Mechanical Drawings An Additional Three (3) Sets Of Mechanical Drawings Are Required. See Attached Camp Verde Fire District Requirements.
- ❑ **Deposit** will be collected upon submittal of application in accordance with the current adopted fee schedule.

Note: Additional Information May Be Required As Determined By The Building Official or Camp Verde District.
A Separate Permit Will Be Required For All Deferred Submittal Items.

AN INCOMPLETE APPLICATION WILL CAUSE YOUR PERMIT TO BE DELAYED

Please Note: The Following Approvals May Be Required Before A Commercial Building Permit Is Issued:

Camp Verde Building Department
 Camp Verde Planning & Zoning Department
 Camp Verde Public Works Department
 Camp Verde Waste Water Division
 Camp Verde Fire District
 Yavapai County Environmental Services
 Yavapai County Flood Control
 Yavapai County Health Services – (Submit Plans Directly To Yavapai County For Approval)
 Arizona Department of Transportation – ADOT (Submit Plans Directly To ADOT For Approval)
 Arizona Department of Environmental Quality – ADEQ (Submit Plans Directly To ADEQ For Approval)



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OFFICIAL USE ONLY:

PERMIT NUMBER: _____

TIME/DATE STAMP: _____

APPLICATION FOR PERMIT

PROJECT INFORMATION:

PROJECT TYPE: RESIDENTIAL COMMERCIAL ADDITION ALTERATION/REMODELING DEMOLITION NEW OTHER

DESCRIPTION OF PROJECT: _____

HAS CONSTRUCTION STARTED ON THIS PROPERTY: YES NO SQUARE/LINEAR FOOTAGE: _____ VALUATION: \$ _____

PROPERTY INFORMATION:

PARCEL NUMBER: _____ - _____ - _____ PHYSICAL ADDRESS: _____

DITCH INFORMATION (IF APPLICABLE):

DITCH NAME: _____ PROPOSED PROJECT'S DISTANCE FROM DITCH: _____

SANITATION SERVICE PROVIDED BY:

CAMP VERDE WASTE WATER DIVISION (SEWER) SEPTIC SYSTEM - PERMIT NUMBER: _____

Note: Sewer connection permits must be obtained directly from the Camp Verde Waster Water Division. Please contact the Waste Water Division at (928) 567-6794. Septic permits must be obtained directly from Yavapai County Development Services. Please contact Yavapai County at (928) 639-8151 or www.yavapai.us.

WATER SERVICE PROVIDED BY:

CAMP VERDE WATER COMPANY VERDE LAKES WATER COMPANY WELL – PERMIT NUMBER: _____

Note: Well licensing information can be obtained through Arizona Department of Water Resources (ADWR). Please contact ADWR at (602) 771-8500 or www.azwater.gov.

PROPERTY OWNER INFORMATION:

OWNER(S) NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____ - _____ E-MAIL: _____

Note: If you recently purchased this property and Yavapai County does not yet reflect you as the current property owner, you will be required to show proof of ownership documentation at the time of application submittal.

APPLICANT INFORMATION:

OWNER TENANT AGENT CONTRACTOR OTHER

APPLICANT NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ PHONE: (_____) _____ - _____ E-MAIL: _____

Attention Applicant: If you are not the property owner, you must have something in writing from the property owner granting you permission to act on their behalf as agent. Or the following Designation of Agent clause must be signed by the property owner:

DESIGNATION OF AGENT

WHEREAS, the above property owner is seeking to develop or improve real property within the municipal limits of the Town of Camp Verde, Yavapai County, Arizona, which will require the filing, processing, and payment of certain zoning, construction and inspection permits and reports, both from the Town and related agencies, and WHEREAS, the owner elects to designate an agent with authority to file and process all necessary permits and information related to property zoning and improvement, including the authority to pay fees and consent to inspections, NOW THEREFORE, the undersigned owner hereby designates:

_____, whose address is: _____

as agent to file the permit applications and related documents with the Town of Camp Verde, with such authority to continue until the application process is complete or as may be earlier revoked in writing.

OWNER NAME: _____ SIGNATURE: _____ DATE: _____

CONTRACTOR INFORMATION:

ARS §32-1169. Local proof of valid license; violation; penalty. A. Each county, city, or other political subdivision or authority of this state or any agency, department, board or commission of this state which requires the issuance of a building permit as a condition precedent to the construction, alteration, improvement, demolition or repair of a building, structure or other improvement to real property for which a license is required under this chapter, as part of the application procedures which it utilizes, shall require that each applicant for a building permit file a signed statement that the applicant is currently licensed under the provisions of the chapter with the applicant's license number and the applicant's privilege license number required pursuant to ARS Section §42-5005. If the applicant purports to be exempt from the licensing requirements of this chapter, the statement shall contain the basis of the asserted exemption and the name and license number of any general, mechanical, electrical or plumbing contractor who will be employed on the work. The local issuing authority may require from the applicant a statement signed by the registrar to verify any purported exemption. B. The filing of an application containing false or incorrect information concerning an applicant's contractor's license or transaction privilege license with the intent to avoid the licensing requirements of this chapter is unsworn falsification pursuant to ARS Section§13-2704.

I AM CURRENTLY A LICENSED CONTRACOR:

NAME: _____ COMPANY NAME: _____

ROC LICENSE NUMBER: _____ LICENSE CLASS: _____ TOWN BUSINESS LICENSE #: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

Note: All contractors performing work within the Town of Camp Verde are required to obtain a Town Business License. Town Business Licenses can be obtained through the Clerk's Office at 473 S. Main St. Ste. 102, Camp Verde, AZ 86322.

EXEMPTION FROM LICENSING:

I am exempt from Arizona Contractors' License Laws on the basis of the license exemptions contained in ARS §32-1121A, namely:

- ARS §32-1121A.5 – I am the owner/builder of the property and the property will not be sold or rented for at least one year after completion of this project.
- ARS §32-1121A.6 – I am the owner/developer of this property and I will contract with a licensed general contractor to provide all construction services. All contractors' names and license numbers will be included in all sales documents.
- Other – (Please Specify): _____

I understand that the exemption provided by ARS §32-1121A.14 (The Handyman Exemption) does not apply to any construction project which requires a building permit and/or the total cost of materials and labor are \$1,000 or more.

I will be using the following licensed contractors on this project:

GENERAL CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS
ELECTRICAL CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS
MECHANICAL CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS
PLUMBING CONTRACTOR	TOWN BUSINESS LICENSE NUMBER	ROC LICENSE NUMBER	LICENSE CLASS

NAME: _____ SIGNATURE: _____ DATE: _____

BUILDING CODE REQUIREMENTS:

2012 INTERNATIONAL BUILDING CODE (IBC) & APPENDIX J
 2012 INTERNATIONAL EXISTING BUILDING CODE (IEBC)
 2012 INTERNATIONAL FUEL GAS CODE (IFGC) & APPENDICES A, B, C, D
 2011 NATIONAL ELECTRICAL CODE (NEC)
 2012 INTERNATIONAL RESIDENTIAL CODE (IRC) & APPENDICES M, N, Q
 TOWN CODE CHAPTER 7 – BUILDING

2012 INTERNATIONAL ENERGY CONSERVATION CODE (IECC)
 2012 INTERNATIONAL FIRE CODE (IFC) & APPENDICES B, C, D
 2012 INTERNATIONAL MECHANICAL CODE (IMC) & APPENDIX A
 2012 INTERNATIONAL PLUMBING CODE (IPC) & APPENDIX F
 2012 INTERNATIONAL SWIMMING POOL AND SPA CODE (ISPSA)

Note: Applicant assumes all responsibility for complying with any deed restrictions (CC&R's) that may apply to the property.

UNDER PENALTY OF INTENTIONAL MISREPRESENTATION AND/OR PERJURY, I DECLARE that I have examined and/or made this application and it is true and correct to the best of my knowledge and belief. I agree to construct said improvement in compliance with all provisions of the Ordinances of the Town of Camp Verde. I realize that the information that I have stated heron forms a basis for the issuance of the Building Permit herein applied for and approval of any plans in connection therewith shall not be construed to permit any construction upon said premises or use thereof in violation of any provision of the Town Code or any other ordinance or to excuse the owner or his successors from complying therewith. WHERE NO WORK HAS COMMENCED WITHIN 180 DAYS AFTER THE ISSUANCE OF A PERMIT OR WHEN MORE THAN 180 DAYS LAPSES BETWEEN APPROVAL OF REQUIRED INSPECTIONS, SUCH PERMIT SHALL BE VOID. I hereby certify that I am the OWNER at this address or that, for the purposes of obtaining this approval; I am acting on behalf of the owner. All contract work on this project will be done by a contractor holding a valid privilege tax license issued by the Town of Camp Verde and contractor's license issued by the State of Arizona.

NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

Building:	\$
Plan Review:	\$
Engineering:	\$
Fire:	\$
Zoning:	\$
Total:	\$
Deposit Receipt #:	
Balance Due Receipt #:	
Type:	
Application Taken By:	

PLOT PLAN SKETCH:

Show lot/parcel lines and dimensions, adjacent streets and alleys, front of property, driveway, location of all proposed and existing buildings including dimensions, all building setbacks and distances between buildings, location of septic tank and leach lines, locations of incoming water yard lines and meter, electric yard line and meter, gas lines and tanks, any terrain features that affect placements, location and dimensions of easements and any washes, creeks or ditches within twenty (20) feet of the property.

PARCEL NUMBER: _____

INDICATE NORTH:



SCALE: _____

I/WE certify that the proposed construction will conform to the dimensions and uses shown and that no changes will be made without first obtaining approval. All structures (including fences, walls and pads, correct setback distances, legal access and easements, cuts, fills, drainage and any water course on or adjacent to the property within twenty (20) feet of any proposed or existing structure has been indicated.

NAME: _____ SIGNATURE: _____ DATE: _____

OFFICIAL USE ONLY:

PERMIT NUMBER: _____ APPROVED BY: _____ DATE: _____

Camp Verde Fire District

26 B Salt Mine Road
P.O. Box 386
Camp Verde, Arizona 86322

Phone: 928.567.9401
Fax: 928.567.2444
www.campverdefire.org



Fee Schedule

Fire Code Plan Reviews, Inspections and Permits	Fee
New Construction, additions, and alterations (1 Plan Review and 2 Inspections)	Plan Review: 40% of building permit Plan Review Fee
Subdivisions Plat Review	\$60
Fire Alarm & Detection System	1 Plan Review and 2 Inspections
New Installation up to 5,000 sq. ft.	\$150
New Installation 5,000+ sq. ft.	\$150 + .01 per square foot over 5,000
Modifications (Including TI)	\$75
Automatic Fire Sprinkler System	1 Plan Review and 2 Inspections
New Installation up to 5,000 sq. ft.	\$250
New Installation 5,000+ sq. ft.	\$250 + .01 per sq. ft. over 5,000
Modifications (Including TI)	\$125
Alternative Fire-Extinguishing System	1 Plan Review and 2 Inspections
New Installation: Foam, CO2, Clean Agent, Chemical, etc	\$100
New Installation Commercial Cooking (Hood)	\$100
Fire Pump	1 Plan Review and 1 Inspection
New Installation and Modifications	\$100
Underground Fire Lines	1 Plan Review and 1 Inspection
Installation	\$75
Spray Booth and Dipping Operations	1 Plan Review and 1 Inspection
Pre-Manufactured Spray Booth	\$100
Non-Pre-Manufactured Spray Booth	\$200
Fire Department Access (Permanent)	1 Plan Review and 1 Inspection
New Installation – Access Gate (each)	\$60
Solar Photovoltaic Power Systems	\$50
Liquid Petroleum Gas	1 Plan Review and 1 Inspection
New Installation: Aboveground Tank	\$100

High Piled Combustible Storage	\$60 for 1 Plan Review and 1 Inspection
Tents, Canopies, Membrane Structures	1 Plan Review and 1 Inspection
Single Tent Over 400 sq. ft.	\$25
Single Canopy Over 700 sq. ft.	\$25
Sites with Multiple Tents and/or Canopies	\$50
Blasting	1 Plan Review and Inspections as Required by the AHJ
3 Day Single Project, No On-Site Storage	\$50
30 Day Single Project, Non On-Site Storage	\$100
Magazine Storage (Each Site)	\$100
Fireworks/Pyrotechnics Display	\$50 plus Standby Fees
Special Events	\$25 for 1 Plan Review and 1 On-Duty Inspection Off-Duty and Standby Fees may be required
Hazardous Materials Storage	\$50 per site for 1 Plan Review and 1 Inspection
Flammable/Combustible Liquids Storage	\$50 per site for 1 Plan Review and 1 Inspection
Compressed Gasses Storage	\$50 per site for 1 Plan Review and 1 Inspection
Additional Plan Review Fee	50% of Original Plan Review Fee
Re-Inspection Fee	\$50
Penalty for Starting Work Without a Permit	Double the Permit Fee

Updated: October 1st, 2014



Camp Verde Fire Department

26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Fire Alarm Permit Application

Section A, Site Information: Complete for all permits

Job Address: _____
Number and Street name, City/Town, Zip code

Name of Tenant: _____
 (if business)

Owner Name: _____

Owner Address: _____ Zip Code: _____

Owner Phone Number: () _____

Section B, Project Information: Complete for all permits.

Occupancy Classification: _____ Number of Stories: _____ Square footage: _____

New System Installation Renovation/Alteration of Existing System

System Class: A B Addressable Other _____

Signal Initiating Devices	Gauge of Wire _____	Quantity
Detectors (heat, smoke, rate of rise, etc.)		
Manual Pull Stations		
Tamper Switches		
Water Flow Switches		
Other (FF phones, UL/Ansul systems, etc.)		
Notification Devices	Gauge of Wire _____	Quantity
Horns, strobes, combination devices, speakers, etc.		
Items Controlled by Alarm		Quantity
Fan shutdown/start		
Elevator recall/shutdown		
Door closure devices		
Fire alarm control panel, annunciators		
Number of Zones (Identify Zones on Plans)		

Section C, Applicant, Project Contractor/Designer Information:

Installing Contractor:

Name _____ Address _____ Phone _____

Designer/Nicet III Info:

Name _____ Address _____ Phone _____

Applicant Name and License:	Address:	Phone
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I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ Date: _____



Camp Verde Fire Department

26 W. Salt Mine Rd.
CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 911

Fire Sprinkler Permit Application

Section A, Site Information: Complete for all permits

Job Address: _____
Number and Street name, City/Town, Zip code

Name of Tenant: _____
(if business)

Owner Name: _____

Owner Address: _____ Zip Code: _____

Owner Phone Number: () _____

Section B, Project Information: Complete for all permits.

Indicate what the permit is being obtained for below, check all that apply:

New System Installation Renovation/Alteration of Existing System

Type of System: Hazard Classification:

13 13R 13D Light OH I OH II Extra Hazard

Wet Dry Other _____ Number of Risers _____

General Type of Installation High Piled Storage

Above Ceiling Below Ceiling Obstructed Unobstructed

Description of project: _____

Section C, Building Information: Complete for all permits: new construction, renovation, alterations.

Occupancy Classification: _____ Number of Stories: _____

Square Footage: _____ Number of floors: _____

Section D, Applicant, Project Contractor/Designer Information:

Sprinkler Contractor: _____
Name Address Phone

Fire Protection Engineer/Nicet III Info: _____
Name Address Phone

Applicant Name and License:	Address:	Phone
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I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ **Date:** _____



Camp Verde Fire Department
 26 W. Salt Mine Rd.
 CAMP VERDE, AZ 86322-0386
 BUSINESS 567-9401 • EMERGENCY 911

Hood & Extinguishing System Permit Application

PLEASE PRINT

Section A, Site Information: *Attention: Sections A, B & D (and C when applicable) must be completely filled out for all projects.*

Name of Building/Site: _____

Physical Location: _____

Applicant Information:

Name	Phone
Address	License

Building Owner Name: _____

Owner Mailing Address: _____ Zip Code _____

Owner Phone Number: () _____

Section B, Project Information: *Complete for all Hood installations.*

Size of Hood: Length _____ Width _____	Size of Duct: _____
Total Square Feet of Hood opening: _____	Sq. Feet of Duct: _____
Filter Size: _____ Sq Inches Per Filter: _____	Fan CFM: _____
Total Number of Filters: _____	Calculated Duct Velocity: _____
Is hood mounted on a combustible surface: <input type="checkbox"/> YES <input type="checkbox"/> NO	Hood Construction: <input type="checkbox"/> No.18ga. Carbon Steel (Check one) <input type="checkbox"/> No. 20ga. Stainless Steel
If <u>Yes</u> , indicate clearance provided: _____ inches Indicate on plan if necessary.	Duct Construction: <input type="checkbox"/> No.16ga. Carbon Steel (Check one) <input type="checkbox"/> No.18ga. Stainless Steel

Section C, Automatic Fire Suppression Systems: *Complete for all Suppression System installations.*

Name of Installer: _____

Agent Type: Wet Chemical Other: _____

System Make: _____ System Model: _____

Kitchen Hood, where installed is provided with a portable fire extinguisher rated 40B: Yes No N/A

This application must be accompanied by the following:

- Drawing of coverage area to include all appliances/equipment, piping and device locations.
- Manufacturer's specifications and information.

Signature of Applicant: _____ Date: _____



Camp Verde Fire Department

26 W. Salt Mine Rd.
P.O. BOX 386 • CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 567-4123 OR 911

ABOVE GROUND STORAGE TANK PERMIT

A site plan drawn to scale must be submitted for each tank(s). Plan must indicate distance to lot lines and nearby buildings.

Tank Site Location

Building or Site Name _____	
Address _____	
City _____	Zip Code _____

Owner Information

Name _____	Phone Number: _____
Address _____	
Town or City _____	Zip Code _____

Tank Information

Number of tanks _____	Type: LP <input type="checkbox"/>	Fuel Oil <input type="checkbox"/>	Gasoline <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other <input type="checkbox"/>
Type of tank: Aboveground <input type="checkbox"/>	Underground <input type="checkbox"/>	Single Wall <input type="checkbox"/>	Double Wall <input type="checkbox"/>		
Tank use: Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Bulk Storage <input type="checkbox"/>	Dispensing <input type="checkbox"/>		
Size of tank (water capacity) _____					
Manufacturer of tank _____			Serial Number _____		
Distance of tank from nearest important building _____					
Distance from property line _____			Distance between other tanks _____		

Contractor / Applicant Information – Print or Type Only

Company Name: _____		
Contact Person: _____	Position: _____	
Address: _____		
City: _____	State: Zip: _____	E-mail: _____
Phone Number: _____	Fax: _____	

I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ Date: _____