Wallingford Fire Department

Fire Prevention Division
75 Masonic Avenue, Wallingford, CT 06492
Phone (203) 294-2766 Fax (203) 294-2736
firepreventiondivision@wallingfordfd.com



REMOVAL FROM SERVICE OF STORAGE TANKS APPLICATION

NOTE: This application shall be filed with the Fire Prevention Division <u>BEFORE</u> performing excavation.

NOTE: This application does not apply to one and two-family dwellings, please contact the Wallingford Building Department for assistance at 203-294-2005.

1. Address of Removal/Abandonment:	
2. Occupancy Type:	
3. Property Owner Name:	
4. Contractor's Name: Phone:	
5. Contractor's Address:	
6. Contractor's Email:	
7. CT Home Improvement Contractor's Registration, or CT. D.E.E.P. Hazardous Waste Contractor's Registration, or CT. Plumbing & Heating License #	
8. Indicate type: Aboveground Storage Tank or Underground Storage Tank	
9. Location of Storage Tank(s)	
Note: On a separate sheet, please provide a plan showing the location of tank(s) to be removed or abandoned in relation to the building and street.	
10. Number and sizes of tank(s) to be REMOVEDor ABANDONED	
11. Last contents of tank(s):	
12. If to be abandoned, indicate the material the tank is to be filled with:	
13. Expected date work will commence:	
14. Contact the <i>Wallingford Building Department</i> regarding the permit process prior to excavating.	
15. Notify "Call Before You Dig" at 1-800-922-4455 at least 72 hours before starting job.	

Permit Number:	
	veground and underground storage tanks is regulated by the 2018 d NFPA 326, Standard for the Safeguarding of Tanks and Containers
for Entry, Cleaning, and Repair. For re	removal, also see Annex C of NFPA 30 for additional information.
13. If tank is leaking, notify CT D.E.E.	.P (860-424-3338) and the Fire Prevention Division (203-294-2766)
	of the storage tank, please provide the Fire Prevention Division with any but not limited to copies of soil tests, remediation activities, and
It is the responsibility of the applican applicable local, state or federal regu	at and/or the actual remover to adhere to these and any other ulations.
Applicant's Signature	
Date	
	Fire Prevention Division Use
Date Received:	
Remarks:	