



ABOVEGROUND & UNDERGROUND FUEL STORAGE TANK

PERMIT APPLICATION

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Permit Location

Facility or Site Name: _____

Address: _____ Legal (Dir-Sec-Twp-Rge-Mer): _____

Applicant Information:

Name & Company: _____

Address: _____

Phone: _____ Email: _____

Tank Installer Information:

Name & Company: _____

Certification#: _____

Phone: _____ Email: _____

Tank Information:

Number of Tanks: _____

Permanent Installation: Yes No

Expected Removal Date:

	Tank 1	Tank 2	Tank 3
Tank Design Standard			
Tank Capacity			
Type of Fuel			
Tank Serial #			



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Submittal Checklist:

The following information shall be included with this application. Ensure all check boxes (where applicable) are filled in to ensure a complete application.

1) Site Plan with engineer stamp of approval

Note: Engineer involvement is required for all Aboveground fuel tanks $\geq 8\ 000L$ or $20\ 000L$ aggregate capacity for one location. Engineer involvement is also required for Aboveground fuel tank systems with any external piping to remote dispensers or remote equipment. All Underground fuel tank systems require engineer involvement.

1.2) Distance to property lines, structures, LPG tanks, and adjacent tanks

1.4) Collision protection details identified

1.5) Venting and emergency venting details

1.6) Site drainage details

1.7) Emergency shutoff locations

2) Piping schematics with engineer stamp of approval for all external piping and transfer systems.

3) Leak detection details of fuel tank and piping systems

4) Tank specification sheet from the tank manufacturer



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The personal information on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. The personal information will be used for inspection, billing and issuing purposes. If you have any questions regarding the collection of use of this information contact the Fire Prevention Branch, Fire Hall # 5, 200 Sapræe Creek Trail, Fort McMurray, AB T9H 4P1, or call (780) 792-5519.

Applicant Signature: _____

Date: _____

Office Use Only

Fire Safety Codes Officer: _____

Date: _____

