

Make application to local Fire Department.

Fire Department retains original application and issues duplicate as Permit.



Commonwealth of Massachusetts

Department of Fire Services – Office of the State Fire Marshal

APPLICATION and PERMIT

Fee: _____

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

Tank Owner	
Tank Owner Name (please print) _____ X _____ <i>Signature (if applying for permit)</i>	
Address _____ <i>Street</i> <i>City</i> <i>State</i> <i>Zip</i>	
Removal Contractor	Contamination Assessment
Company Name _____ <i>Print</i>	Co. or Individual _____ <i>Print</i>
Address _____ <i>Print</i>	Address _____ <i>Print</i>
Signature (if applying for permit) _____	Signature (if applying for permit) _____
<input type="checkbox"/> IFCI* Certified Other _____	<input type="checkbox"/> IFCI* Certified <input type="checkbox"/> LSP # _____ Other _____
Tank Information	
Tank Location _____ <i>Street Address</i> <i>City</i>	
Tank Capacity (gallons) _____	Substance Last Stored _____
Tank Dimensions (diameter x length) _____	
Remarks: _____ _____	
Disposal Information	
Firm transporting waste _____	State Lic. # _____
Hazardous waste manifest# _____	E.P.A. # _____
Approved tank disposal yard _____	Tank yard # _____
Type of inert gas _____	Tank yard address _____
Approvals	
City or Town _____	FDID# _____ Permit# _____
Date of issue _____	Date of expiration _____
Dig safe approval number: _____	Dig Safe Toll Free Tel. Number - 800-322-4844
Signature / Title of Officer granting permit _____	

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send Form FP-290R signed by Local Fire Dept. to UST Regulatory Compliance Unit, Department of Fire Services, P.O. Box 1025, State Road, Stow, MA 01775.

*International Fire Code Institute