

ABOVE / UNDERGROUND TANK APPLICATION

In accordance with the Code of the Town of Gates the NYS Fire Prevention and Building Code, no permit-required work will begin prior to the issuance of proper permits and/or approvals by the Town of Gates.

Town of Gates

Office of the Fire Marshal
1605 Buffalo Road
Rochester, NY 14624
(585) 247-6100
(585) 426-8581 Fax
www.townofgates.org



All fields must be completed. If not applicable, please mark with N/A

Date: _____

UNSIGNED APPLICATIONS WILL BE RETURNED

SITE INFORMATION

BUILDING/SITE NAME: _____

BUILDING/SITE ADDRESS: _____

MAILING ADDRESS: _____

APPLICANT INFORMATION

BUSINESS NAME: _____

ADDRESS: _____

PHONE#: _____

FAX#: _____

E-MAIL: _____

CONTACT NAME: _____

SIGNATURE: _____

(SUB) CONTRACTOR PERFORMING WORK

(CONTRACTOR PERFORMING WORK MUST HAVE WORKMEN'S COMPENSATION INSURANCE CERTIFICATE ON FILE IN THE BUILDING DEPT. NAMING THE TOWN OF GATES AS ADDITIONAL INSURED)

NAME: _____

ADDRESS: _____

PHONE#: _____

FAX#: _____

E-MAIL: _____

ON SITE CONTACT NAME: _____

CELL PHONE#: _____

DOES THE SCOPE OF THIS PROJECT INVOLVE MORE THAN ONE TANK? _____

YES ☐ NO ☐ TOTAL # of Tanks _____

DOES THIS WORK INVOLVE MORE THAN ONE TANK LOCATION ON SITE? _____

YES ☐ NO ☐ TOTAL # of Locations _____

PURPOSE: Installation ☐ Addition ☐ Alteration ☐ Repair ☐ Removal ☐

IS THIS A REPLACEMENT OF AN EXISTING SYSTEM? YES ☐ NO ☐

PERMIT FEE \$150.00

Submittal of plans and payment of fees does not imply Permission or permit by the Town of Gates for project design or commencement of work.

**APPROVED PLANS AND A COPY OF THE PERMIT MUST BE KEPT ON SITE DURING
INSTALLATION/WORK.**

SUBMITTAL REQUIREMENTS: (Submittal shall include: Drawings – 3 Copies (stamped and signed by an Architect or Engineer))

UNDERGROUND

Please Check

Installation of UST, piping, etc... _____

Alteration of UST, piping, etc... _____

Repair of UST, piping, etc... _____

Out-of-Service regulated UST _____

Change contents stored in UST _____

Fill in Place/Abandon UST _____

Remove an Underground Tank _____

Remove Class I/II UST, piping _____

Remove Critical Material UST _____

Underground Leak Test _____

Removal/Closure of Residential

Heating Oil Tanks _____

ABOVEGROUND

Please Check

Installation of AST (61 – 499 gals.) _____

Installation of AST (500 or more gals.) _____

Alteration of AST, piping, etc... _____

Repair of AST, piping, etc... _____

Change contents stored in AST _____

Out-of-Service AST (for tracking only) _____

MISCELLANEOUS TANK – PIPING – TURBINE ACTIVITIES

Install Dispenser, Piping, Turbine **ONLY** _____

Alter Dispenser, Piping, Turbine **ONLY** _____

Repair Dispenser, Piping, Turbine **ONLY** _____

(continued on reverse)

Tank #1

UNDERGROUND ☐

ABOVEGROUND ☐

of Compartments _____

Compartment-1

Compartment-2

Compartment-3

Class of Commodity (I, II, III A, etc.)

Product/Commodity Name

Capacity (Gallons)

Tank Construction Material/Specifications: _____

Tank Type: (i.e. Single Wall, Double Wall, etc.) _____

Manufacturer: _____ Serial #: _____

Diameter: _____ Length: _____

Tank Location: _____

Tank #2

UNDERGROUND ☐

ABOVEGROUND ☐

of Compartments _____

Compartment-1

Compartment-2

Compartment-3

Class of Commodity (I, II, III A, etc.)

Product/Commodity Name

Capacity (Gallons)

Tank Construction Material/Specifications: _____

Tank Type: (i.e. Single Wall, Double Wall, etc.) _____

Manufacturer: _____ Serial #: _____

Diameter: _____ Length: _____

Tank Location: _____

Tank #3

UNDERGROUND ☐

ABOVEGROUND ☐

of Compartments _____

Compartment-1

Compartment-2

Compartment-3

Class of Commodity (I, II, III A, etc.)

Product/Commodity Name

Capacity (Gallons)

Tank Construction Material/Specifications: _____

Tank Type: (i.e. Single Wall, Double Wall, etc.) _____

Manufacturer: _____ Serial #: _____

Diameter: _____ Length: _____

Tank Location: _____

PROJECT NARRATIVE: _____
