



PERMIT # _____
 SBL # _____

Town of Newstead P.O. Box 227 Akron, NY 14001
 Phone: 542-4574 Fax: 542-3702

APPLICATION for FUEL TANK INSTALLATION OR REMOVAL

Property Owner Name: _____ Phone Number: _____
 Property Owner Mailing Address: _____
 Street City State Zip

Contractor Name: _____ Phone #: _____ Insurance Expiration: _____
 Contractor Mailing Address: _____
 Street City State Zip

Parcel location: _____

_____ Attach survey/documentation depicting tank location
 _____ # of Tanks Installed _____ In Ground _____ Above Ground Replacing tanks? yes or no
 _____ # of Tanks Removed _____ In Ground _____ Above Ground

<u>Fuel Type:</u>	<u>Number of Gallons</u>	<u>Fire District:</u>
_____ Gasoline	_____	_____ Akron Fire Company
_____ Diesel	_____	_____ Newstead Fire Company
_____ Propane	_____	
_____ Other	_____	

Type of Fire Protection: _____ Type of Spill Containment: _____

_____ NYS DEC petroleum bulk storage registration is attached. Tank testing by: _____
 NYS DEC - 851-7000 = Tank Removal

 Signature of Applicant Date

Permits are granted subject to requirements of the Town of Newstead Zoning Code. Permits expire after one year if construction is not commenced.

\$ 50 PERMIT FEE	CHECK # _____
\$ TOTAL PAID DATE _____	CASH _____
=====	DEBIT _____

 Review & Approval by Building Inspector Date