TOWN OF SPRING LAKE STORAGE TANK PERMIT APPLICATION

PERMIT NO: ST-_____

Complete address where work will be performed:_____
Spring Lake, NC. 28390

Permit to be issued to: (Contractor/Business Name)_____
Address: _____ Phone: _____
NC License Number: _____ Spring Lake Business License No: _____

Complete Name of Property Owner: _____
Property Owner's Address: _____
Property Owner's Phone Number: _____

Class of Work: Install: ___
Remove: ___

Item	No:	Price	Item	No:	Price
Underground Storage Tank			Aboveground Storage Tank		
Other			Other		

**A minimum permit fee will be charged if priced items total less then the minimum permit fee.

Permit Fee $ _____

Technology Fee $ ____5.00_____

Total Permit Fees $ _____

YOU MUST CALL TO SCHEDULE AN INSPECTION AT PROPER STAGE (S) OF WORK.
CALL THE INSPECTIONS DEPARTMENT AT (910) 436-0241 TO SCHEDULE AN INSPECTION.

- All tank work shall comply with all local, state, federal laws and N.F.P.A. and A.P.I. standard practices.
- Notify the Fire Marshal's Office prior to installation, removal or in place abandonment of tank(s).
- For removal in place, all liquids shall be removed from the tank(s) and disposed of properly.
- A representative from the Fire Marshall's office shall be on site at the time of installation or removal of the tank(s). Please schedule a time with the Inspector.

The undersigned hereby makes application for permit and inspection of work described, and agrees to comply with all applicable laws regulating the work performed.

Signature of Applicant _____ Date: _____

Print Name _____

Approved by _____ Date: _____

Disapproved by _____ Date: _____