

**Town of Webster
PERMIT APPLICATION
FUEL STORAGE**

DATE _____

TANK INSTALL DATE _____

PROPERTY OWNER INFORMATION: ([] check if property owner is applicant)

NAME _____ PHONE _____

INSTALL ADDRESS _____

CONTRACTOR INFORMATION: ([] check if contractor is applicant)

NAME _____ PHONE _____

COMPANY ADDRESS _____

BUSINESS NAME (if tank(s) being used as part of motor vehicle dispensing facility)

BUSINESS _____

TANK INFORMATION: Above Ground Under Ground

NUMBER OF TANKS _____

TANK(s) UL LISTED? [] YES [] NO

FUEL TYPE? DIESEL GASOLINE FUEL OIL PROPANE OTHER

BRIEFLY DESCRIBE WORK BEING DONE AND WHY FUEL IS NEEDED:

Signature of Applicant

(For Office Use Only)

PROVIDED WITH APPLICATION:
[] Site map with tank location (required)
[] Contractor insurances (required)
Building Permit # (if appl.)

Application approved? Yes No

Date:

By:

**Town of Webster
Office of the Fire Marshal**

Firemarshal@ci.webster.ny.us