

# Town of Webster

## PERMIT APPLICATION

### FUEL STORAGE

In accordance with Ch. 165 of the Webster Town Code

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 \_\_\_\_\_

SIZE (gal.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(TANK #1)                      (TANK #2)                      (TANK #3)                      (TANK #4)

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  
Office (585)872-7040 • Fax (585)872-1352

[Firemarshal@ci.webster.ny.us](mailto:Firemarshal@ci.webster.ny.us)