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 Anoka, MN 55303
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 Anoka, MN 55303
 Phone #763-576-2900

Storage Tank Installation or Removal Permit Application

Date _____ Proposed Date to Start Work _____ Valuation: \$ _____

TANK SITE:

Property Owner: _____ Address: _____
 City, State, Zip: _____
 Contact: _____ Phone: _____ Email: _____

CONTRACTOR:

Name: _____ Address: _____
 City, State, Zip: _____
 Contact: _____ Phone: _____ Email: _____

Describe Work To Be Done _____

Application for tank removals must include the following information. If not applicable, write N/A. Incomplete information may result in plans/application being returned.

	Tank #1	Tank #2	Tank #3	Tank #4
Capacity:	_____	_____	_____	_____
Product:	_____	_____	_____	_____
Age of Tank:	_____	_____	_____	_____

Describe vapor removal method: _____

Name of environmental company for soil testing: _____

Disposal site for tank(s): _____

Disposal site for sludge/product: _____

Disposal site for contaminated soil: _____

In addition to the above information, also provide the following with your application:

- Provide a sketch showing locations of tank(s), piping and utilities.
- Provide documentation of MNPCA notification.
- Provide documentation of MNPCA certification of company and supervisor.

Tank Removal Inspections:

- A pre-inspection will be made at the site prior to approval.
- Tanks shall be inspected before they are removed from the site.
- The open pit shall be inspected before refilling.

NOTE: Tanks shall be removed from the site as soon as possible, but no longer than 24 hours after they have been removed from the ground. Tanks must remain plugged after vapor removal.

I, the undersigned, do hereby agree to complete the above-described work according to all City codes, State Fire Codes, PEI, NFPA and other nationally recognized standards.

Signature of Applicant

Telephone

Email

OFFICE USE ONLY

Permit Fee \$ _____

Plan Review Fee \$ _____

State Surcharge Fee \$ _____

City Surcharge Fee \$ _____

Credit Card Fee \$ _____

Permit Total \$ _____