

	Size	Contents
Tanks	(1) _____	_____
	(2) _____	_____
	(3) _____	_____
	(4) _____	_____
	(5) _____	_____
	(6) _____	_____

Any person granted a permit shall within 72 hours provide the Boston Fire Department with a receipt for delivery of said tank(s) to the site designated on the permit.

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This section to be filled out and signed after an on site inspection by the Boston Fire Department.

Type of Meter \_\_\_\_\_

Meter Reading

(1) _____	LEL	_____	OXY
(2) _____	LEL	_____	OXY
(3) _____	LEL	_____	OXY
(4) _____	LEL	_____	OXY
(5) _____	LEL	_____	OXY
(6) _____	LEL	_____	OXY

Application # \_\_\_\_\_

502 CMR 3.03 (10) Any evidence of soil contamination? YES \_\_\_\_\_ NO \_\_\_\_\_

If you notify the D.E.P.

Inspected By \_\_\_\_\_

Boston Fire Department

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Fire Department retains original application and issues duplicate as Permit.**

*Commonwealth of Massachusetts*

*Department of Fire Services - Office of the State Fire Marshall*

## Application and Permit

For storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

<b>Tank Owner</b>			
Tank Owner Name (please print) _____			Signature _____
Address _____			
Street	City	State	Zip
<b>Removal Contractor</b>		<b>Containment Assessment</b>	
Company Name _____		Co. or Individual _____	
Address _____		Address _____	
Signature _____		Signature _____	
Phone # (cell) _____		IFCI * Certified _____	LSP # _____
<b>Tank Information</b>			
Tank Location _____			
Street Address		City	
Tank Capacity (gallons) _____		Substance last Stored _____	
Tank Dimensions (diameter and length) _____			
Remarks _____			
<b>Disposal Information</b>			
Firm Transporting Waste _____		State Lic. # _____	
Hazardous Waste Manifest _____		E.P.A. # _____	
Approved Tank Disposal Yard _____		Tank Yard # _____	
Type of Inert Gas _____		Tank Yard Address _____	

<b>Approvals</b>		
City or Town _____	FDID# _____	Permit# _____
Date of Issue _____		Date of Expiration _____
Dig Safe approval # _____		Dig Safe # 1-800-322-4844
Signature of Officer granting Permit _____		

Call 617-343-3447 between 9:00 to 9:30 Mon, Weds, and Fri for appointment

After removal(s) ("Consumptive Use" fuel oil tanks exempted) send form FP 290R signed by Local Fire Dep. To UST Regulatory Compliance Unit, Department of Fire Services, P.O. Box 1025, State Road, Stow, MA 01775

\* International Fire Code Institute.