

# Tank Removal Permit

## Lower St. Croix Valley Fire Dept.

Site Location: \_\_\_\_\_

Owner/Site Operator: \_\_\_\_\_

Contractor License No.: \_\_\_\_\_ Expiration Date \_\_\_\_\_

MPCA Certified Supervisor No.: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Tank Size: \_\_\_\_\_ Tank Contents: \_\_\_\_\_

Confined Space Required(Yes or No) \_\_\_\_\_ Resp Protection: \_\_\_\_\_

Special Conditions or Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Permit Fee \$50.00 Payable to Lower St. Croix Valley Fire Dept.**

This permit becomes null and void if work authorized is not commenced and completed within 180 days. I hereby certify that all information is true and correct. All provisions of Federal, State, and Local Laws and Ordinances governing this type of work will be complied with weather specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of these laws regulating construction or the performance of construction.

\_\_\_\_\_  
Signature of Contractor or Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date