



Tank Permit Application

Easton Building Department • 225 Center Road • Easton, CT 06612 • Phone 203-268-6291 • Fax 203-268-4928

PLEASE PRINT CLEARLY WITH INK

Job Address: _____

Property Owner's Information:

Name: _____

Address: _____

Phone Number: _____ h _____ c

Owner's Signature: _____

Applicant's Information:

Name: _____

Applicant's Address: _____

Phone Number: _____ h _____ c

Applicant's Signature: _____

Contractor's License Number #: _____ Exp Date: _____

Tank type: Oil Gas Propane New Installation Removal

Tank Location: Above Ground Below Ground

Call Before You Dig Number: _____

Location of Tank: _____

Size of Tank: _____

Backfill material used: _____

Final Disposal Destination: _____

Additional Comments: _____

Flood zone: Yes No

Value of work: \$ _____

Permit #: _____

T

Received: _____

<u>FOR OFFICE USE ONLY</u>	
Valuation:	\$ _____
Zoning Fee:	\$ _____
Mechanical Fee:	\$ _____
C of O Fee:	\$ _____
Septic Fee:	\$ _____
Well Fee:	\$ _____
Admin Fee:	\$ _____
TOTAL:	\$ _____

Paid: _____

Approved by: _____
Date: _____

Applicable Connecticut State Building Codes and Town Ordinances shall have precedence over drawings and specifications. Anything contrary to said laws and regulations that may at any time appear on drawings and specifications, or in the work as executed, shall be corrected without delay upon the receipt and due notice from the Building Official. Based on the application, the permit shall be a license to proceed with the work and shall not be construed as authority to violate, cancel or set aside any of the provisions of the codes, except as specifically stipulated by legally granted modification by the State Building Inspector.