



Claremont Fire Department
Fire Prevention Office
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APPLICATION FOR STORAGE TANK CLOSURE

Site Name _____ Street Address _____

Applicant _____

Applicant Address _____ City/State/Zip _____

Applicant Phone _____

Applicant Email _____

Property Owner _____

Property Owner Address _____ City/State/Zip _____

Property Owner Phone _____

Property Owner Email _____

Property Owner Contact _____

Property Owner Contact phone _____

Property Owner Contact Email _____

Date of proposed work _____

Please check appropriate box

Above Ground Below Ground

Tank # 1 Location	Tank # 2 Location
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To be Closed <input type="text"/> Tank <input type="text"/> Pipe	To be Closed <input type="text"/> Tank <input type="text"/> Pipe
Tank Capacity (gallons)	Tank Capacity (gallons)
Substance Stored	Substance Stored
Product Pipe Length and Diameter	Product Pipe Length and Diameter
Vent Pipe Length and Diameter	Vent Pipe Length and Diameter

Month/Year tank(s) last used _____

Where will liquids and sludge be disposed?

Will soil analysis be performed? Yes _____ No _____

If yes, by whom: Name _____

Company _____

Company Address _____

Company phone _____

Describe closure and any special circumstances or requirements

I am the: Property Owner Contractor

STATEMENT

I HEREBY ACKNOWLEDGE THAT, I HAVE READ THIS APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT AND THAT I AM THE OWNER, OR DULY AUTHORIZED TO ACT IN THE OWNER'S BEHALF AND SUCH HEREBY AGREE TO COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE FIRE PREVENTION CODE. IT IS FURTHER UNDERSTOOD THAT THIS APPLICATION DOES NOT CONSTITUTE A PERMIT AND IS NOT A LICENSE.

Printed Name

Signature

Date

Title

DO NOT WRITE BELOW THIS LINE

Comments

Approved Disapproved

Reason for Disapproval:

Fire Official - Printed Name

Signature

Date Issued _____ Permit # _____