

Permit Number: _____

Date Issued: _____

Town of Darien
Office of Fire Marshal



STORAGE TANK PERMANENT CLOSURE REPORT

Application is hereby made for permission to permanently close a storage tank as described below, in accordance with the applicable codes and regulations of the State of Connecticut, and the Town of Darien.

Work to be done: Abandonment: Removal: Number of Tanks:

Type of Tank: Heating Oil: Diesel Fuel: Gasoline: Propane: Other:

Fee: \$75 per Tank **Fee is doubled if work is done prior to obtaining permit!**

Permittee is responsible for filing all closure report materials with this office. Any Contamination Found must be reported to CT Department of Energy & Environmental Protection and this office. Closure reports must include a site sketch, soil analysis from a CT certified lab (pre and post clean up if applicable, and a clean-up closure report (if applicable).

Address of Closure:

Owner's Name:

Business Name (if applicable):

Size of Tank(s)	Gallons	Tank Construction:	Steel:	Fiberglass:	Other (Specify):
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Name of Licensed Contractor:

License Number & Type:

Closure Contractors Name and Address:

Removal/Abandonment Date:

Signature of Applicant: _____

Fire Marshal Office Use Only:

Property Owner: _____

Map: _____ Lot: _____ Contamination: Yes No

Clean up Contractor Name & Address:

Compliance is in accordance with CT DEEP: _____ Date: _____

Notes: