Seattle Fire Department

Residential Heating Oil Tank Decommissioning Permit Application**

(1 - 4 Residential Unit(s) and ≤ 1,100 Gallon Tank) **A separate permit is required for each tank.

Fee: \$184.00 Permit Code: 6103



Application Information (please print)				
NAME OF PROPERTY OWNER:	DAYTIME PHONE:			
I, the property owner, was provided with a copy of the permit conditions and Seattle Fire Department Client Assistance Memo No.5962. I understand that no permit will be issued after completion of the decommissioning. I also understand that the ICC-certified				
Decommissioner noted below will provide me with a copy of the Decommissioning Report within 30 days of completion.				
Signature of Property Owner:	ature of Property Owner: Date:			
TANK COMPANY NAME:	E-MAIL ADDRESS:			
TANK COMI ANT NAME.	E-MAIL ADDITESS.			
MAILING ADDRESS:				
CITY:	TΑ	TE:	ZIP:	
ADDRESS OF PROPERTY WHERE TANK IS LOCATED:				
CITY.	ΤΛ	TC.	710.	
CITY:	ΙA	TE:	ZIP:	
NAME AND ADDRESS OF ICC CERTIFIED DECOMMISSIONER:		PH	IONE NUMBER:	
DATE PUMP AND RINSE WILL TAKE PLACE*:	PLACE*: DATE FILLING OR REMOVAL WILL TAKE PLACE*:			
Please include a check for \$184.00 made payable to the CITY OF	SE	ATTLE or email permits	@seattle.gov to make a credit card	
payment using Visa or Master Card. This payment is not transferable to any other application or to any other site.				
ADVANCE DEPOSIT WITHDRAWAL: Please withdraw from my account \$184.00 for this application. This payment is not transferable to any other application or to any other site.				
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Authorized Signature:				
Printed Name:				
Permit applications may be submitted in person *Please note: (1) Heating oil tank decommissioning must be conducted by, or				
weekdays from 8:00 a.m. to 4:30 p.m., e-mailed overseen by, a current holder of an ICC Underground Storage Tank (UST)				
permits@seattle.gov, or mailed to: Decommissioning Certificate on file at the Fire Marshal's Office. (2) If decommissioning will not be completed on the date indicated, the Fire				
220 3PD AVE S EL 2 Marshal's Off	Marshal's Office must be notified in writing (e-mail) or in person by 9:00 am of			
SEATTLE WA 08104 the day that the	i = =			
condition rend	ers	s the permit invalid and r	nay result in criminal liability.	
FIRE DEPARTMENT PERSONNEL ONLY:				
TIKE BEI AKTIMENT I EKOOMIZE ONET.	7			
	П	PERMIT NUMBER		
	П	DATE RECEIVED		
		RECEIPT NUMBER		
		CK # / SFD ACCT #		
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	╽	APPROVED BY		