

Underground Storage Tank Removal or Abandonment Checklist

The applicant shall submit a completed Fire Permit Application Form and a site plan indicating tank(s) location(s) and size(s).

The applicant/contractor is responsible for complying with all NFPA standards applicable to the scope of work to be performed.

The applicant shall note on the application form the name of any third-party oversight providers, i.e. soil testing, compaction, etc.

The applicant/contractor is responsible for contacting the Department of Ecology to verify what/if any requirements they must comply with.

The applicant/contractor is responsible for contacting the City of Selah Planning Division, 509-698-7365 or permits@selahwa.gov to confirm if a SEPA application is applicable, given the number and size of tanks to be removed or abandoned.

The applicant/contractor is responsible for providing any applicable signage on the job site.

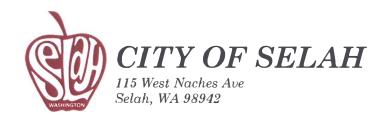
The applicant/contractor is responsible for providing the correct size and quantity of fire extinguishers at all times.

The applicant/contractor is responsible for obtaining an Excavation / Streetbreak permit, pursuant to SMC 11.32, for any work to be performed within the City Right-of-Way.

If applicable, the Contractor is responsible for contacting the City of Selah Fire Department, 509-698-7310.

The permit fee is \$60.34 plan review and \$60.34 inspection fee, per tank.

The information provided herein shall not be construed to permit violation of any City, State and/or Federal laws.



UNDERGROUND STORAGE TANK ABANDONMENT/REMOVAL - FIRE PERMIT APPLICATION

| Job Address: | Permit# ess: Parcel Number: | |
|---|--|---|
| Project Description: | | |
| Tank Information | | |
| Use: □ Residential □ Commercial | | |
| Number of Tanks to be Removed or Abandoned: | Total Number of Gall | ons: |
| Tanks will be: ☐ Removed ☐ Abandoned In Pla | nce | |
| Contact Information | | |
| Contact Person | Property Owner (Same as Contact P | erson 🗆) |
| Name: | Name: | |
| Address: | Address: | |
| City/State/Zip: | City/State/Zip: | |
| Phone Number: | Phone Number: | |
| Email: | | |
| Contractor (Same as Applicant □) | Architect: ☐ Engineer: | |
| Name: | Name: | |
| Address: | Address: | |
| City/State/Zip: | City/State/Zip: | |
| Phone Number: | Phone Number: | |
| Email: | | i |
| State Contr. Lic.# Exp | | |
| Declaration I hereby certify that (please select one): ☐ I am a CONTRACTOR or SPECIALTY CONTRACTOR curl 18.27.110 and am legally qualified to perform the work sough ☐ I am an AUTHORIZED AGENT of the property owner and a specialty contractor as defined under RCW 18.27.010 and 18 ☐ I am EXEMPT from the requirements of the Contractor Regis of the exemption as stated. I will do all of my own work or connection with the work to be performed under the permit at I hereby certify under penalty of perjury of the Laws of the know that the information contained herein is true and contained any way to violate or cancel any of the provisions of seconstruction sought under this permit. | In the by this permit. In the by this permit. In the work will be done by the property owner or a part of the work will be done by the property owner or a part of the work will be be the work of t | properly licensed contractor or rk sought by this permit. y all provisions and conditions lor specialized contractors in the samined this application and the samined this authorize me in |
| Signature | Print Name | Date |