



CITY OF SALEM, OREGON
FIRE DEPARTMENT
370 Trade St. SE, 97301-3454
503-588-6245

Carl DeCarlo, Deputy Chief Fire & Life Safety

STORAGE TANK DECOMMISSIONING PERMIT

Date: Permit #:
Site Address:
Applicant: Phone:
Address:
Contractor: Phone #:
Address DEQ License #:
City: State: Zip:

Type of Permit: Above Ground Underground
Tank Size Method of Decommissioning Date Inspected
1.
2.
3.

Comments:

Tank Disposal Site:
Fee Aboveground: \$ Fee Underground: \$
Received By: Amount: Date:
Applicant Signature: Date:
Final Approval: Date

Deputy Fire Marshal

All Requests for inspection must be received by the Salem Fire Prevention Division 24 hours in advance.

INSTRUCTIONS FOR COMPLETING STORAGE TANK DECOMMISSIONING PERMIT

DATE: *Time of Application*

PERMIT #: *To be assigned by Fire Chief's Office Staff utilizing the year for the first portion and the next succeeding number (e.g., 97-1).*

SITE ADDRESS: *Location/Address of the subject tank(s).*

APPLICANT: *Name of property owner/occupant/tenant/agent*

PHONE: *Phone number of property owner/occupant/tenant/agent*

ADDRESS: *Mailing Address of applicant including City, State and Zip*

CONTRACTOR: *Name of individual/organization to perform decommissioning.*

PHONE: *Phone number of individual/organization to perform decommissioning.*

ADDRESS: *Individual/Organization business address.*

DEQ LIC: *Oregon Department of Environmental Quality license number required as of 05/1990.*

CITY/STATE/ZIP: *City/State/Zip of Individual/Organization business address.*

TYPE OF PERMIT: *Check appropriate box with an "X."*

TANK SIZE: *Indicate the volume of each tank.*

TANK STATUS: *Indicate the method of decommissioning (e.g., Removal, Temporary Abandonment for TIME day/months, abandon in place with _____ material.*

DATE INSPECTED: *The dates of all inspections performed.*

COMMENTS: *Any notation of unique circumstance. For use by Fire Prevention staff only.*

TANK DISPOSAL SITE: *Location where removed tank will be stored.*

FEE: *Fees are established and charged by the Fire Prevention Division at the time of application.*

RECEIVED BY/AMOUNT/DATE: *Signature of person receiving the money. The amount received and the date.*

APPLICANT SIGNATURE/DATE: *Applicants signature and date applying for permit.*

FINAL APPROVAL/DATE: *Only to be signed by Deputy Fire Marshal when the project is complete and in full compliance.*