

**CITY OF OREGON, OHIO - BUILDING AND ZONING INSPECTION DEPARTMENT**  
 5330 SEAMAN ROAD, OREGON, OH 43616 / PHONE (419) 698-7071 / FAX (419) 698-7150

Application for

*No Work Authorized Until Application is Approved By Department Staff*

**STORAGE TANK, UNDERGROUND AND ABOVE GROUND, PLAN APPROVAL & PERMIT**

**INSTRUCTIONS: TYPE OR NEATLY PRINT ALL REQUIRED INFORMATION:** Plans for intended work **MUST** be attached to application to be processed. Drawings must show all tanks and piping, including existing tanks, piping, distances from lot lines and distances from any building or structure. Return application to the City of Oregon Inspection Department along with a minimum of four (4) copies plus any additional copies required for your records that you want stamped approved. Sets must be bound in a complete set.

<b>1</b>	<b>CHECK TYPE OF WORK TO BE DONE</b>		
	<input type="checkbox"/> Above ground Tank <input type="checkbox"/> New Installation <input type="checkbox"/> Repair or Alteration <input type="checkbox"/> Modification/Replacement	<input type="checkbox"/> Underground Tank <input type="checkbox"/> New Installation <input type="checkbox"/> Repair or Alteration <input type="checkbox"/> Modification/Replactment	<input type="checkbox"/> Temporary Out-of-Service <input type="checkbox"/> Return to Service <input type="checkbox"/> Permanent Out-of-Service <input type="checkbox"/> Removal - \$40 per tank <input type="checkbox"/> Abandon in Place (Explain in Sec. 5 Below)
<b>2</b>	<b>TANK LOCATION INFORMATION</b>		
	Address: _____		
	City: _____	State: _____	Zip Code: _____
	Phone Number: _____	Contact: _____	
<b>3</b>	<b>OWNER INFORMATION</b>		
	Owner: _____		
	Address: _____		
	City: _____	State: _____	Zip Code: _____
	Phone Number: _____	Contact: _____	
<b>4</b>	<b>CONTRACTOR &amp; INSPECTION REQUEST INFORMATION</b>		
	Requested Date of Inspection: _____	← Minimum three (3) weeks advance notice required.	
	Contractor Doing Work: _____		
	Address: _____		
	City: _____	State: _____	Zip Code: _____
	Phone Number: _____	Supervisor Contact: _____	
<b>5</b>	Description of Work to be Completed		

	DESCRIPTION	SIZE IN VOLUME	UNIT FEE	# OF TANKS	FEE DUE	
<b>LOCAL FIRE JURISDICTION</b>  Chief Dennis Hartman or Asst. Chief Mark Mullins  City of Oregon Fire Dept. 5002 Seaman Road Oregon, OH 43616  Phone (419) 698-7019	<b>1 ABOVE GROUND FUEL STORAGE SYSTEMS</b>					
	Flammable and combustible liquids				Maximum \$300 per Tank	
	Up to 1000 Gallons		\$20.00			
	Each additional 100 Gallons		\$2.00			
	Liquefied Petroleum Gas (LPG)				Maximum \$300 per Tank	
	Up to 500 Gallons		\$15.00			
	501 to 2000 Gallons		\$20.00			
	Each additional 1000 Gallons		\$2.00			
	<b>2 UNDERGROUND (UST) SYSTEMS</b>					
	Any type flammable/combustible product				Maximum \$300 per Tank	
	Up to 1000 Gallons		\$20.00			
	Each additional 100 Gallons		\$2.00			
	<b>3 Commercial plan review</b>			\$60.00		
	<b>Pressure piping inspection / Tank Removal Fees</b>			\$40.00		
	<b>4</b>	OBC 3% SURCHARGE, Commercial & Industrial work Only →				
<b>5</b>	<b>TOTAL PERMIT FEE DUE →</b>					

**CERTIFICATION:** I hereby certify that I am the owner of record or his authorized agent and am authorized to make this application. I understand this permit is granted with the express condition that the said work shall in all respects conform to the ordinances of the City of Oregon and all laws of the State regulating the construction, installation, repair and alteration of the above and may be revoked at any time upon violation of any provision of said laws. I certify that all statements made in this application are true and correct to the best of my knowledge.

**CALL 24 HOURS IN ADVANCE FOR REQUIRED INSPECTIONS AT (419) 698-7071.**

Email Address: _____				
<b>X</b>	Applicant Signature: _____	Date: _____		
<b>DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY</b>				
RECEIPT NUMBER	DATE PAID	FEE PAID	Application Approved: Comm. Bldg. & Zoning Insp.	Date

**PERMITS ARE NOT TRANSFERABLE OR REFUNDABLE**