

**STORAGE TANK
INSTALL - REMOVAL - ABANDON
PERMIT APPLICATION**

**City of Peekskill, New York
840 Main Street, 914-734-4140
County of Westchester**

Permit No. _____

Fee \$ _____

Date Issued _____

Date Submitted _____

INSTRUCTIONS

- a. This application must be completely filled in by typewriter or in ink and submitted in to the Peekskill Building Department.
- b. This application must be accompanied by a copy of the property survey. Provide the location of the tank(s) on the survey which will be installed, abandoned, or removed.
- c. Provide specifications, i.e., capacity of tank(s), material used for back filling or in filling of tank.
- d. Upon approval of this application, the Building Department will issue a Permit to the applicant. The permit shall be displayed on the premises, throughout the duration of work.
- e. A Soil Sample Certification report shall be provided to the City of Peekskill prior to the issuance of the Certificate of Compliance. (DEC certification may also be required as applicable - for tanks over 1,100 gallons or if contamination is present)
- f. The work covered by this application may NOT be commenced before the issuance of a Permit.

Property Location:

(Give street number and name)

(THE FOLLOWING INFORMATION IS FOUND IN ASSESSOR'S OFFICE)

Section: _____ Block: _____ Lot: _____

APPLICATION IS HEREBY MADE to the Building Department for the Issuance of a Tank Permit pursuant to the New York State Building Construction Code. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

(Signature of applicant)

(Address of applicant)

State whether applicant is owner, lessee, agent, architect, and engineer or builder _____.

ESTIMATED COST AND FEES

Estimated Cost: _____

Fees:
Tank Permit _____

Name of contractors Workers' Compensation Insurance Carrier

Number of Policy _____ **Date of Expiration** _____

IDENTIFICATION – To be completed by all applicants

Name (Please Print)	Mailing Address Number, Street, City, State	Telephone Number
1. Owners Name	_____	
2. Contractor	_____	
3. Westchester County License #		

STATE OF NEW YORK,

COUNTY OF Westchester

_____ being duly sworn deposes and says that he is the applicant named.
(Name of individual signing application – Please Print)

He/she is the _____
(Owner, Contractor, Agent, Corporate Officer, etc.)

and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained in this application are true to the best of his/her knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me

this ___ Day of _____, 20 ___

(Signature of applicant)

Notary Public

County