



**DEPARTMENT OF PUBLIC HEALTH
STORAGE TANK UNIT
333 SOUTH STATE STREET, ROOM 200
CHICAGO, ILLINOIS 60604**

Reviewed by: _____

Date: _____

Permit #: _____

APPLICATION FOR DISPENSING ABOVE GROUND STORAGE TANK INSTALLATION

1) OWNER OF TANKS:

Name

Street Address

City State Zip

Contact Person Phone

2) FACILITY: Name and address where tanks are located.

Name

Street Address

City State Zip Ward

Contact Person Phone

Use of Premises: _____

3) Are other existing above ground storage tank(s) currently located at this site? _____

4) **GENERAL INFORMATION:** Check whichever applies and fill in the appropriate blanks for the system(s) that will be installed. Attached additional sheets (s) if more space is needed.

a) TANK(S):

Number of Tanks	Capacity Gallons	Product	Flash Point	Single Wall	Double Wall	Steel	Other

Use this space for explanation: _____

b) PIPING:

_____ Single Wall _____ Double Wall
 _____ Existing to remain _____ Installing partial
 _____ Installing new _____ Other (Explain below)

c) METHOD OF SECONDARY CONTAINMENT:

_____ Earthen Dike _____ Tank Vaulted in concrete
 _____ Concrete Dike _____ Steel Catch-Pan
 _____ Double Walled Tank _____ Other (Explain below)

d) PURPOSE OF TANK INSTALLATION:

FOR OFFICIAL USE ONLY
 DEPARTMENT OF FIRE
 APPROVAL

e) Will dispensers, if separate from tank, be contained in diked/contained area? _____

f) Is an approved, normal vent pipe provided which is a minimum 1-1/2" in diameter and a minimum of 12 ft. Above the ground or 4 ft. Above the fill pipe? _____.

g) Is an emergency vent provided for tank/s? (Required) _____.

h) Will tanks be electrically grounded? (Required) _____.

I) Will tank/s bear the label of UL _____ or another national testing Lab? _____. If tank/s do not bear the label of a recognized Lab, to what specifications are they constructed? _____

j) Will tank/s be fabricated on site? _____ or purchased prefabbed? _____

k) Are tank/s equipped with a permanently connected pumping device listed by U.L or F.M engineering? _____.

l) Are tanks labeled to include a warning and name of the product they contain? _____

m) Are tanks subject to permit under the Clean Air Act? _____ If yes, has permit been applied from the Illinois EPA? _____

You must notify IEMA 1 (800) 782-7860 within 24 hours of leaks or contaminated soil. A site assessment must be conducted to determine if a release has occurred.

5) **MINIMUM SETBACKS:** Are pumps and piping:

- a) At least 300 feet from any mine shaft, or air or escape shaft from any mine? _____.
- b) At least 85 feet from any schoolhouse, church, hospital or place of public assembly? _____.
- c) At least 30 feet from any building or combustible or flammable stored liquid? _____.
- d) At least 30 feet from all sewers, catch-basins, cesspool, septic tanks or cisterns? _____.
- e) At least 30 feet from any property line? _____.

6) **SITE PLANS:** Drawings of the site must accompany the application forms. They must show the entire AST system (tanks, piping, vents, islands, dispensers or other appurtenances) in relation to all buildings, structures and objects with specific setback distances. All objects on the site plans must be named and must be labeled as existing or as proposed. **The maximum site plans allowed is 11" X 17". Blue prints are not acceptable.**

7) **PERMIT TO WORK:** No work can proceed with out a granted permit in hand and must be available upon request.

8) **APPLICANT:** The **RESPONSIBLE CONTRACTOR** must complete this section. A fee of \$200.00 for each site must accompany this application. Checks or money orders (FROM THE CONTRACTOR) are to made payable to the City of Chicago, Department of Public Health. Do not send cash.

I certify under the penalty of the law that I have personally examined and am familiar with the information submitted in this attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that all information submitted is true, accurate and complete.

Contractor's Company Name: _____ Phone _____

Contractor's Company Owner's Name _____

Address: _____ State: _____ Zip: _____

Name and title of Contractor's Representative: _____

Company Name: _____ Phone # _____

Signature: _____ Date: _____