



**CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH
UNDERGROUND STORAGE TANK UNIT
333 S STATE ST, ROOM 200
CHICAGO, ILLINOIS 60604**

PERMIT #: _____

Application for Permit to REMOVE Underground Storage Tanks for Petroleum and Hazardous Tanks. To be completed in triplicate.

1) OWNER OF TANK(S):

2) FACILITY NAME:

Name: Corporation, or Partnership

Facility Existing Use name

Street Address

Street Address

City State Zip

City State Zip Ward

Contact Person: Phone

Contact Person: Phone

Facility I.D. #

Use of Premises

You must notify IEMA 1-800-782-7860 within 24 hours of leaks or contaminated soil. Removal must be in accordance with acceptable closure requirements and procedure such as API Bulletin 1604. A site assessment must be conducted to determine if a release has occurred.

3) Removal of Tanks:

TANK(S):

State Registered Tank ID#	Unregistered Tank? (# of tanks)	Capacity (In gallons)	Product stored	Reason for Removal	IEMA incident number	Date last used	Currently in use Yes/No

4) A written notice of removal shall be given to the City of Chicago, Department of Environment at least 30 days prior to the removal, giving location, number and size of tanks. This application will constitute that 30 day written notice. The 30 day period commences with this application completed and the fee received in our office.

5) Insufficient information supplied for permit review or omission of permit fee is grounds for application rejection. No work is to commence without a granted permit in hand and must be available upon request of inspectors. All work must be done by contractors registered with the State Fire Marshall's Office and by the City of Chicago, Department of Environment.

6) A permit fee of **\$200 for each facility** must accompany this application. Checks or money orders (**FROM THE CONTRACTOR**) are to be made payable to the City of Chicago, Department of Environment, do not send cash.

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

Contractor's Company Name: _____

Address: _____ City : _____ State: _____ Zip: _____

Phone # _____ Contractor's Registration # _____ Expiration Date: _____

Name of Authorized Representative: _____ Title: _____ Phone: _____

Signature: _____ Date: _____

The Office of the State Fire Marshall and the City of Chicago, Department of Environment are requesting information that is necessary to accomplish the statutory purpose as outlined in the "425ILCS 25/9." Disclosure of this information is **REQUIRED**. Failure to provide any information will result in this form not being processed.