



**DEPARTMENT OF PUBLIC HEALTH
333 SOUTH STATE STREET, ROOM 200
CHICAGO, ILLINOIS 60602**

FOR OFFICE USE ONLY
REVIEWED BY: _____
PERMIT # _____
DATE: _____

APPLICATION FOR PERMIT TO REMOVE ABOVEGROUND STORAGE TANK(S)

1) Owner - Corporation, partnership, or other business entity (Must be Mailing Address):

2) Facility :

Name

Street Address

City **State** **Zip**

Contact Person:

Name

Street Address

City **State** **Zip**

Phone **Contact Person:** **Phone**

Use of Premises

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.

If there is any release, give IEMA incident number: _____

Removal of Tanks:

Number of Tanks	Capacity Gallons	Product	Date Last Used	Reason for Removing

4) A written notice of removal shall be given to the City of Chicago, Department of Public Health 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 qualified contractors.

6) APPLICANT: The RESPONSIBLE CONTRACTOR must complete this section. A permit fee of \$ 200.00 for each facility must accompany this application. Checks or money orders are to be made payable to the City of Chicago, Department of Public Health. 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 : _____ **Phone :** _____

Contractors Company Owner's Name: _____

Address: _____ **State:** _____ **Zip:** _____

Name and title of Representative _____

Company Name: _____ **Phone#:** _____

Signature: _____ **Date:** _____