



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

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_

**APPLICATION FOR NON-DISPENSING ABOVE GROUND STORAGE TANK INSTALLATION**

**1) OWNER OF TANKS:**

**2) FACILITY:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

State

Zip

\_\_\_\_\_  
City

State

Zip

\_\_\_\_\_  
Contact Person

Phone

\_\_\_\_\_  
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:**

\_\_\_\_\_ Waste Oil Storage                      \_\_\_\_\_ Emergency Generator Fuel  
 \_\_\_\_\_ Auto Lube Oil Storage                \_\_\_\_\_ Heating Oil  
 \_\_\_\_\_ Process Liquids                      \_\_\_\_\_ Bulk Petroleum Storage  
 \_\_\_\_\_ Other: \_

\_\_\_\_\_

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 DEPARTMENT OF FIRE  
 APPROVAL

E) Size of emergency vent provided for tank \_\_\_\_\_

F) Will tanks be electrically grounded? (Required) \_\_\_\_\_

G) 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? \_\_\_\_\_

H) Will tank/s be fabricated on site? \_\_\_\_\_ or purchased prefabbed? \_\_\_\_\_

I) Are tanks labeled to include a warning and name of the product they contain? \_\_\_\_\_

J) Are tanks subject to permit under the Clean Air Act? \_\_\_\_\_. If yes, has permit been applied from the Illinois EPA? \_\_\_\_\_

K) Will tank/s be located "indoors"? \_\_\_\_\_ If outdoor tank/s only, disregard this section of questions.

a) Type of Occupancy: \_\_\_\_\_  
(e.g. Hospital, Auto Dealer, Industrial Factory, Liquid Warehouse, Service Station)

b) Is the tank separated from other areas of the building? \_\_\_\_\_  
(2-hour fire-rated separation is required except for certain conditions)

c) Method of separation from other areas of the building:  
\_\_\_\_\_ Concrete Encasement \_\_\_\_\_ Fire rated room enclosure \_\_\_\_\_ Other: \_\_\_\_\_

d) Is the tank vented to the exterior? \_\_\_\_\_ (Exterior venting required except for class III-B liquids)

e) Will fire extinguishers be provided? \_\_\_\_\_ (A class 4a:60BC rated extinguisher is required at minimum)

f) Is a fire suppression system present? \_\_\_\_\_

**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) **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.**

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

7) **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. Any N.S.F. checks, closed accounts, etc. must be cleared up by the contractor before any permit will be issued.

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: \_\_\_\_\_

Name of the Company : \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_