

WAUSAU FIRE PERMIT APPLICATION - Tank Install/Removal

407 GRANT STREET, WAUSAU WI 54403 715- 261-6620

Check all that Apply

Install Tank 0-1,100 gallon capacity
 Install Tank 1,101 - 5,000 gallon capacity
 Remove Tank (all sizes)

LP Gas
 Petroleum Gas
 Above Ground
 Below Ground
 Number of Tanks _____

Date of Application: _____ Install / Removal Date: _____

Site of Install/Removal _____

Business Applying for the Permit: _____ Business Phone #: _____

Business Address: _____ Other Phone #: _____

CERTIFIED INSTALLER /REMOVER INFORMATION:

Name of Installer: _____ Certification # and Date _____

Installer Address: _____ Installer's Phone # _____

Answer the Following Questions Completely	YES	NO or N/A
1. Have you read the provisions of COMM 10, Flammable and Combustible Liquids (for Petroleum Tanks)? Do you certify you will comply with the provisions contained therein?		
2. Have you read the provisions of COMM 11, Liquefied Petroleum Gases for LP Gas Tanks? Do you certify you will comply with the provisions contained therein?		
3. Have you submitted a plot plan with this application? Note: (scale: one inch = 20 ft) - (for temporary installs, a rough draft sketch is acceptable) Plans must include: 1) Location of Property Lines; 2) Buildings; 3) Tanks; 4) Load and unload racks; 5) Streets and highways; 6) Streams and other bodies of water within 200 feet of the tanks; 7) Fencing; 8) Fence exits; 9) Distances; 10) Wells; and 11) Traffic patterns and vehicle protection around tanks for permanent or temporary sites.		
4. Are you aware that a completed application along with a plot plan and payment of all fees must be submitted prior to services being provided? A review of the plan and inspection of the site is required <u>before</u> approval of a permit will be granted and issued. No product shall be put in the tank prior to receiving a permit.		
5. Are you aware, you will be charged for re-inspection for any of the following reasons: 1) failure to have the tank system accessible for inspection on the date and time scheduled; 2) installation inspection points that are incomplete by scheduled inspection; 3) failure to correct deficiencies by the date and time specified.		
6. Have you completed the Fee Calculation Summary listed on the back of this application? Please remember to enclose your permit fee with the application.		

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the granting of this permit, to comply with the laws of the Federal Government, State of Wisconsin, City of Wausau and the rules and regulations of the various regulatory agencies and commissions pertaining to the activities permitted under the permit for which this application is being made.

Applicant Signature

Date

For Official Use (Date Tracking):

App/Fee Rec'd by City Clerk		App forwarded to Fire Dept.	
Plot Plan Reviewed:		Site Inspected:	
Permit Authorized by Fire Dept.		Permit Issued & Mailed by Clerk	

FEE CALCULATION SUMMARY

Tank System Category Note: Fees are charged per tank (check all that apply)	Plan Review Fee	Install Remove Inspection	Plan Revision Fee	Re-Inspect on Fee
<u>Farm</u> : Aggregate capacity equal to or less than 1,100 gallons installed on a farm premises with inspection in 5 days or less.		<input type="checkbox"/> \$75		
<u>Farm</u> : Aggregate capacity equal to or less than 1,100 gallons installed on a farm premises with inspection in 2 days or less.		<input type="checkbox"/> \$100		
Install Tank with aggregate capacity equal to or less than 1,100 gallons.	<input type="checkbox"/> \$60	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Install Tank with aggregate capacity 1,101 gallons through 5,000 gallons capacity.	<input type="checkbox"/> \$125	<input type="checkbox"/> \$250	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Note: Tanks with an aggregate capacity over 5,000 gallons have application and fees filed through the State Department of Commerce. The City will perform the inspection at the request of the State when needed. The inspection fee will be collected by the state and forwarded to the municipality at the time of inspection.				
Addition of corrosion protection to an existing system.	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Conversion of existing system to a point of sale type of dispensing system.	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Upgrade, exchange or conversion of an existing leak detection methodology to another approved methodology or manufacturer (except conversion to SIR).	<input type="checkbox"/> \$35	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
UST Pre-lining Inspection.	Aggregate	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100
Upgrade or install Stage II vapor recovery on existing system	Aggregate	Aggregate	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100

INSTALLATION FEE CALCULATION Note: Fees are charged per tank. (Calculate the total fee by totaling the fees checked above and multiplying them by the total number of tanks)	Fees As Checked Above	(Multiply the total fees by the # of tanks)	Total Fee
Calculate Fees Checked Above	\$ _____	times # of tanks _____ =	\$ _____

REMOVAL FEE CALCULATION Note: Fees are charged per tank. (Calculate the total fee by adding the removal permit fee of \$75 to the tank inspection fee of \$50/per tank)	Removal Permit	Inspection Fee (Multiply the total # of tanks by \$50 each)	Total Fee
Remove Tank (add fee for each additional tank)	<input type="checkbox"/> \$75	# ____ X \$50 = \$ _____	\$ _____

Submit the Application, Plot Plan and Fee Payment to: City Clerk
407 Grant Street
Wausau WI 54403

Process: Upon receipt of your completed application, plan and appropriate fee; your application will be entered into the permit system and forwarded to the City of Wausau Fire Department Inspectors who will review the application and plan. Upon successful review of the plan, the Inspector will make direct contact to the applicant listed to schedule an inspection. Upon successful inspection, the application will be approved by Fire Department Personnel and the Clerk will be authorized to issue a permit. The more complete your application and plan is, the faster your application can be processed.

INSTALLATION DETAIL

TANK SPECIFICATIONS:

Each Tank	Type	Above / Underground	Tank Manufacturer	Year	Working Pressure	Water Capacity
1.	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	<input type="checkbox"/> Above <input type="checkbox"/> Under				
2.	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	<input type="checkbox"/> Above <input type="checkbox"/> Under				
3.	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical	<input type="checkbox"/> Above <input type="checkbox"/> Under				

Each Tank	Condition	If Used Previously		Relief Valve		Excess Flow Valve	
		Owner	Location	How Many	Size	Size	Location
1.	<input type="checkbox"/> New <input type="checkbox"/> Used						
2.	<input type="checkbox"/> New <input type="checkbox"/> Used						
3.	<input type="checkbox"/> New <input type="checkbox"/> Used						

Each Tank	Back Check Valve		Float Gauge	Rotary Gauge	Outage Gauge	Thermometer	Emergency Value
	Size	Location					
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are manufacture's data reports available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do service lines contain hydrostatic relief valves?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is tank paint in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will there be self-service or key card code operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:
The plan is also subject to review by the WI Dept. of Commerce.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection Performed by:	Date:
Application for Installation Permit is:	Comments / Restrictions / Conditions:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

REMOVAL DETAIL

1. Excavating of Underground Tank by:

Business Name: _____ Business Phone: _____
Business Address: _____ Date Removed: _____
Signature: _____

2. Soil Samples, (if required) Taken by:

Business Name: _____ Business Phone: _____
Business Address: _____ Date Removed: _____
Signature: _____

3. Tank Cut Up on Site, (if required) by:

Business Name: _____ Business Phone: _____
Business Address: _____ Date Removed: _____
Signature: _____

4. Tank Interior Cleaned on Site (if required) by:

Business Name: _____ Business Phone: _____
Business Address: _____ Date Removed: _____
Signature: _____

5. Tank Disposal - Taken to:

Business Name: _____ Business Phone: _____
Business Address: _____ Date Removed: _____
Signature: _____

6. Witnessing Fire Department:

Business Name: _____ Business Phone: _____
Business Address: _____ Date Removed: _____
Signature: _____

Inspection Performed by:	Date:
Application for Removal Permit is:	Comments / Restrictions / Conditions:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	

COMM 10 - PLAN REVIEW

Plan Number: _____ Reviewed by: _____

Your application for plan approval has been returned for the following reasons: Please see items checked

- ERS-9 Not completed or incorrect form.
- Insufficient funds submitted (plan has not been reviewed) - Balance due: \$ _____ Re-examination fee: \$ _____

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Plan Exam | <input type="checkbox"/> Upgrade |
| <input type="checkbox"/> Site Inspection | <input type="checkbox"/> Revision |
| <input type="checkbox"/> Self-Serve | <input type="checkbox"/> Ground Water |
| <input type="checkbox"/> Reline | |

- Plot plan not to scale (note smaller than 1" = 20') COMM 10.10 (4) 3.
- Scope of work / copy of specifications.
- Plan did not show: (All materials used should be listed on plans or referenced on spec sheet per COMM 10.10 (4)(a)(16))

- | | |
|--|--|
| <input type="checkbox"/> Property Lines | <input type="checkbox"/> All Tanks |
| <input type="checkbox"/> Other Buildings | <input type="checkbox"/> Dispensers and Locations |
| <input type="checkbox"/> Loading Racks | <input type="checkbox"/> Piping - including vents / vapor recovery |
| <input type="checkbox"/> Streets / Highways | <input type="checkbox"/> Island Design |
| <input type="checkbox"/> Vehicle Routes | <input type="checkbox"/> Directional Orientation |
| <input type="checkbox"/> Spill Containment | <input type="checkbox"/> Wells and Bodies of Water within 200' of system |
| <input type="checkbox"/> Leak Detection | <input type="checkbox"/> Monitoring wells (COMM 10.59-10.615) |
| <input type="checkbox"/> Overfill | <input type="checkbox"/> Flex Connector Locations (COMM 10.51) |
| <input type="checkbox"/> Tank Manufacturer | <input type="checkbox"/> Access Manways (COMM 10.51) |
| <input type="checkbox"/> Material Approval Numbers | <input type="checkbox"/> Cathodic Protection (COMM 10.51) |
| <input type="checkbox"/> Flex Connector | |
| <input type="checkbox"/> Tank Leak Detection | |
| <input type="checkbox"/> Line Leak Detection | |

Aboveground Tanks:

- | | |
|--|--|
| <input type="checkbox"/> Dike Calculations | <input type="checkbox"/> Emergency Internal Valve (Fire Valve) |
| <input type="checkbox"/> Dike Construction (MA# if applicable) | <input type="checkbox"/> Vehicle Protection (COMM10.415) |
| <input type="checkbox"/> Distance from dike to tank walls / bottom | <input type="checkbox"/> Type Pump / Location |
| <input type="checkbox"/> Solenoid valve (COMM 10.415) | <input type="checkbox"/> Tank Manufacturer / UL Label |
| <input type="checkbox"/> Anti-Siphon Device | <input type="checkbox"/> Material approved for Dike Liner |
| <input type="checkbox"/> Emergency Venting | |

COMMENTS:

Plan Reviewed by: _____ Date: _____