

City of Olean
Department of Fire, Buildings, & Emergency Services
Code Enforcement Division

101 E. State Street, Rm. 212
Olean, New York
(716) 376-5683, (716) 376-5707 (fax)
www.cityofolean.org
codes@cityofolean.org

Hazardous Materials Application

Date: _____

Permit #: _____

Job Site Address: _____ Also known as: _____

Applicant: _____ Phone: _____

E-mail: _____

Mailing Address: _____ Fax Num.: _____

City: _____ State: _____ Zip: _____

Property Owner: _____ Phone: _____

_____ E-mail: _____

Mailing Address: _____ Fax Num.: _____

City: _____ State: _____ Zip: _____

This Application applies to: a.) Retail Sales b.) Storage c.) Use d.) Handling e.) Transportation
f.) Manufacture g.) Other type of disposition of flammable, combustible or explosive material

Please indicate the above disposition: _____. If other, please describe: _____

Number of tanks: _____ Each holding a quantity of: _____ Physical state of the chemical: _____

Requesting permit for: _____ length of time. Is tank located above ground **YES** or **NO** (please circle one)

Installer: _____ Phone: _____

Mailing Address: _____ Fax Num.: _____

City: _____ State: _____ Zip: _____

Tank Testing agent: _____ Phone: _____

Mailing Address: _____ Fax Num.: _____

City: _____ State: _____ Zip: _____

Type of testing to be used: _____

(Hydrostatic test for all underground installations after completion of work.)

Manufacturer of tanks: _____ Phone: _____

City: _____ State: _____ Zip: _____

I believe that the statements contained in this application are true to the best of my knowledge; and that any changes shall be applied for in writing; and I shall comply with all requirements of all local, state, and federal regulations.

(Signature of Applicant)

(Date)

(Signature of Owner)

(Date)

City of Olean
Department of Fire, Buildings, & Emergency Services
Code Enforcement Division

101 E. State Street, Rm. 212
Olean, New York
(716) 376-5683, (716) 376-5707 (fax)

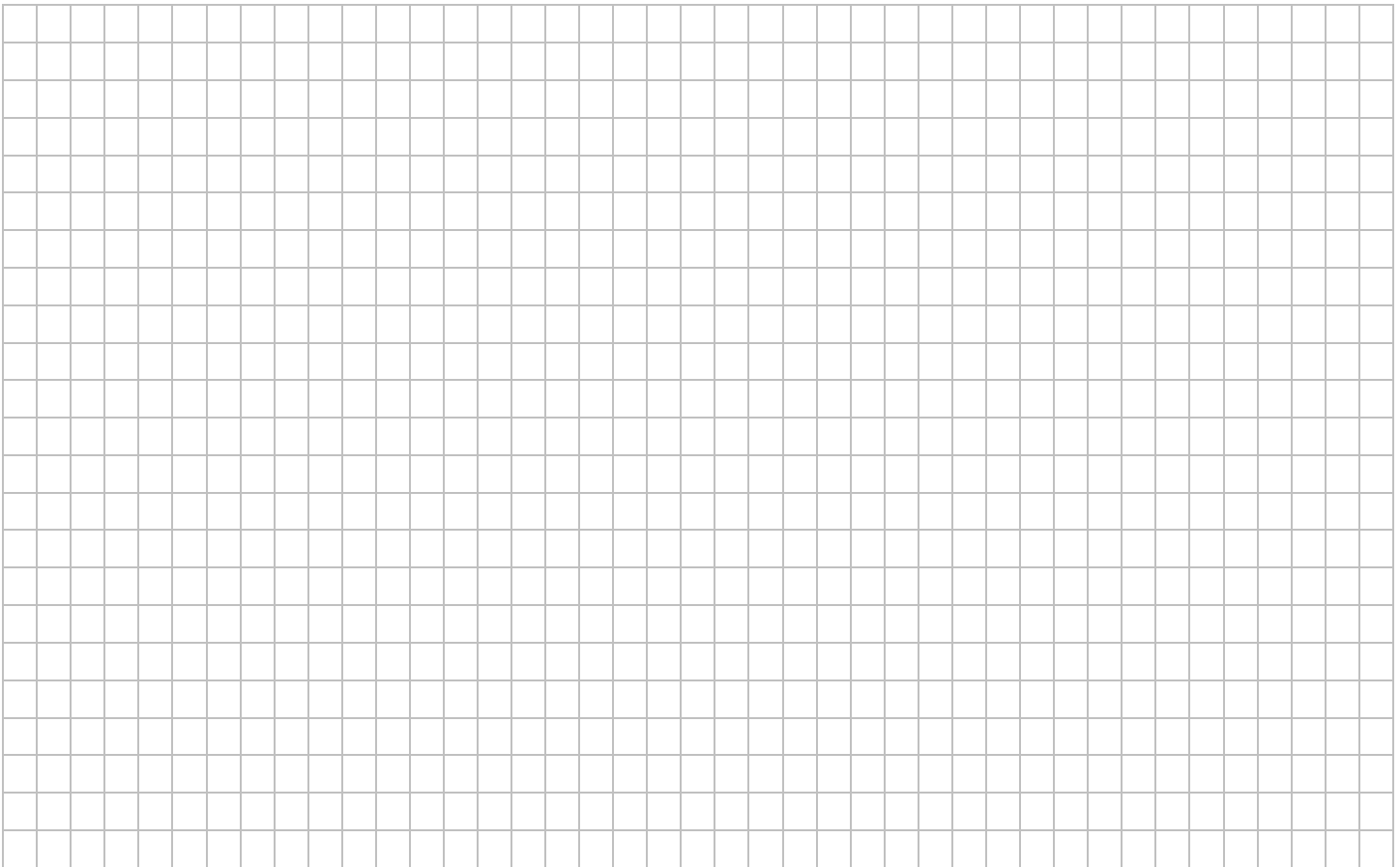
HAZARDOUS MATERIAL STORAGE TANK SITE PLAN

The following information must be shown:

- ✓ Number and location of tanks to be installed;
- ✓ Distance from property line;
- ✓ Distance from buildings within 300 feet;
- ✓ Distance between tanks;
- ✓ Location of islands/pumps, including distance from tanks;
- ✓ What is being done with present tank or tanks

Business Name: _____

N



S

Approval Date

Official Signature