

**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)

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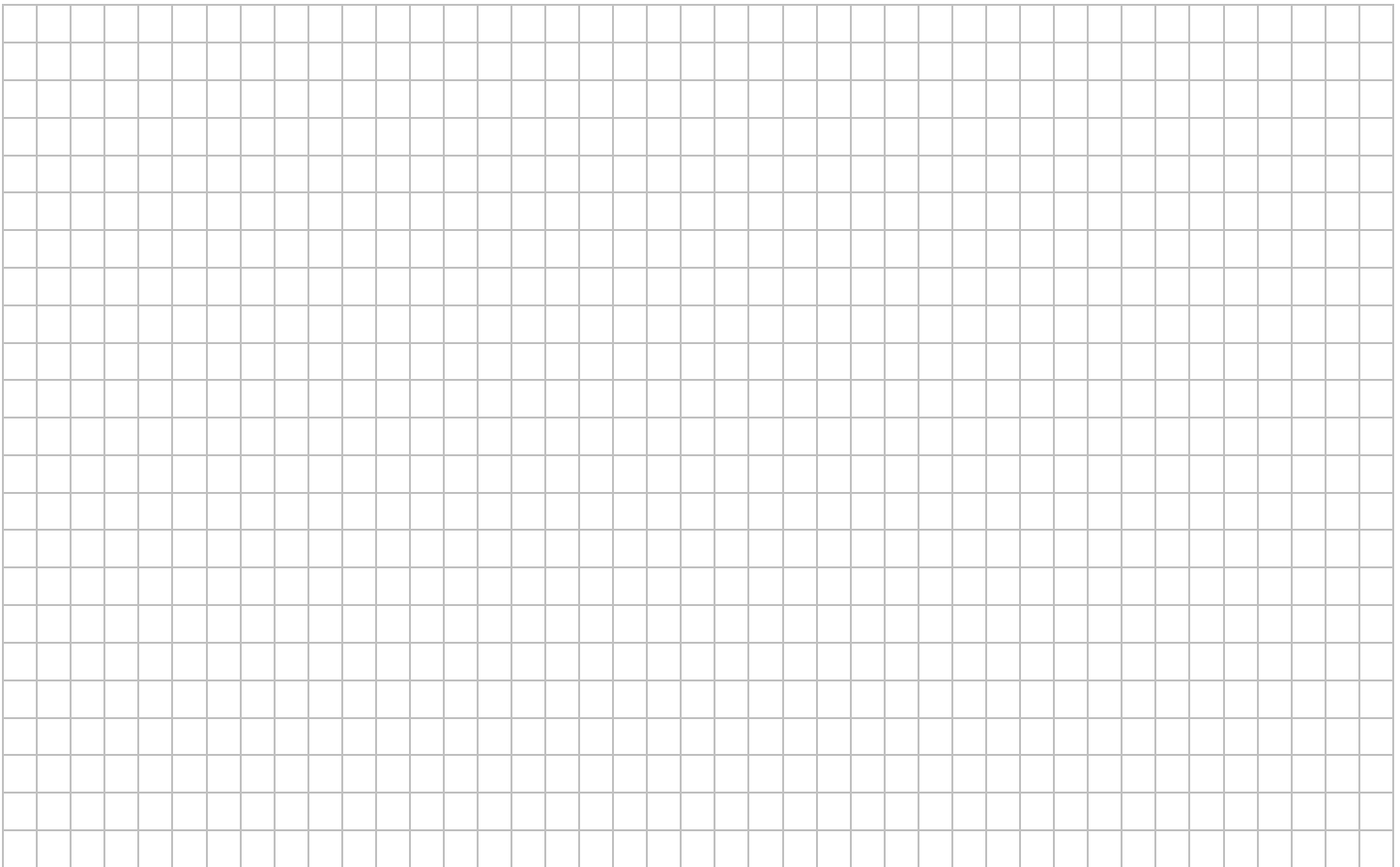
***HAZARDOUS MATERIAL STORAGE TANK SITE PLAN***

*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

A large grid for drawing the site plan. The grid is composed of small squares and is intended for the user to draw the layout of the tanks and other features on the site.

S

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Official Signature