



**CITY OF BLAINE  
SAFETY SERVICES  
Fire Inspections  
10801 Town Square Drive  
Blaine MN 55449  
Business Phone 763-785-6187  
Fax 763-717-2634**



**ABOVEGROUND  
Storage Tank Installation Permit Application**

Date \_\_\_\_\_ Proposed Date to Start Work \_\_\_\_\_ Permit Fee \$100.00 per tank

**TANK SITE:**

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Describe Work To Be Done \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION BEFORE BEGINNING:**

- ✓ The following information must be submitted with the application and proposed plan.
- ✓ Submit all materials, including application and plot plan, in duplicate.
- ✓ Provide a detailed plot plan showing locations of new and existing tanks, liquefied petroleum tanks, property lines, roadways, driving surfaces, all structures, surface waters, all utilities, canopies, piping layout, dispenser location, emergency controls and portable fire extinguishers.
- ✓ A copy of the approved plans and application must be present on the site for review.
- ✓ Incomplete information will result in application being returned. If not applicable, mark N/A.
- ✓ All tank installations must comply with the International Fire Code, NFPA standards, Pollution Control Agency rules and City of Blaine requirements.
- ✓ Work, including site preparation work, shall not begin until permit has been issued.

**All information requested below must be provided on plans or described below unless not applicable. Incomplete information may result in plans being returned.**

Check all that apply: Motor vehicle fuel dispensing\_\_\_\_\_ Bulk storage\_\_\_\_\_ Loading rack\_\_\_\_\_

	<b>Tank #1</b>	<b>Tank #2</b>	<b>Tank #3</b>	<b>Tank #4</b>
Capacity:	_____	_____	_____	_____
Product:	_____	_____	_____	_____
UL Listing:	_____	_____	_____	_____

Type of dispensing: Public\_\_\_\_\_ Private\_\_\_\_\_ Attendant? Yes \_\_\_ No\_\_\_ 24-hour?\_\_\_\_\_

Secondary containment: Double-wall tank\_\_\_\_\_ or Dike\_\_\_\_\_ Dike material \_\_\_\_\_

Describe overfill protection\_\_\_\_\_

Describe spill Prevention\_\_\_\_\_ Describe leak detection\_\_\_\_\_

Describe material beneath tank(s)\_\_\_\_\_ Canopy over tank or dispenser? \_\_\_\_\_

Describe normal venting\_\_\_\_\_ Emergency vent size\_\_\_\_\_

Describe signage/labeling\_\_\_\_\_

Describe vehicle impact protection\_\_\_\_\_

Describe dispenser(s)\_\_\_\_\_

Describe hose and breakaway devices\_\_\_\_\_

Describe lightning protection\_\_\_\_\_

Describe electrical classifications\_\_\_\_\_

Describe vent lines\_\_\_\_\_ Dispensing lines\_\_\_\_\_

Provide manufacturer specification sheets for tanks and piping.

Provide documentation of Minnesota PCA tank registration.

Provide documentation of both individual and company MNPCA certification.

I, the undersigned, do hereby agree to complete the above-described work in accordance with City codes, the Minnesota Fire Code, NFPA and other nationally recognized standards.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_