Colorado Springs Fire Department

ABANDONMENT OF (UST), UNDERGROUND STORAGE TANKS CONTRACTOR PERMIT APPLICATION

SITE/OWNER INFORMATION

Site/Business Name: _____ Phone: _____

Site/Business Address: _____ Email: _____

City, State, Zip: _____ Fax Number: _____

Owner/Responsible Party: _____ Phone: _____

Owner Address (if different): _____ City, State, Zip: _____

APPLICANT-CONTRACTOR INFORMATION

Applicant Business Name: _____ Contact: _____

Business Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

LOCATION OF TANKS ON PROPERTY AND STREET NAMES:

N
W ✚ E
S

Date of Abandonment: _____

Reason for Abandonment: _____

Type of Fill: _____

TANK INFORMATION

AST or UST	Size (gallons)	Product	Serial Number	Location on Property	Permit Numbers

****Attach additional documents as needed.**

For Office Use Only

Date: _____ Account Code _____

Permit Fee: _____ Receipt # _____

Staff Review: _____ Plan Review #: _____ Approved ☐ Disapproved ☐

A COPY OF THIS APPLICATION FORM SHALL REMAIN ON SITE WITH THE PERMIT