



TOWN OF MADISON BUILDING DEPARTMENT 8 CAMPUS DRIVE, MADISON, CT 06443 TEL: 203-245-5618

APPLICATION FOR REMOVAL / ABANDONMENT OF UNDERGROUND TANKS PERMIT

Job Location: _____

Contractor's Name: _____

Contractor's Address: _____ State License # * _____

Owner's Name: _____ Telephone No. _____

Owner's Address (If Different From Job Location): _____

Description of Work to be Performed:

Contractor shall follow N.F.P.A. Regulation 30, Section 2-4-4.

Type of Building: Residential: _____ Commercial: _____ Other: _____

Size of Tank: _____ Capacity of Tank: _____

Type of Fuel Stored: Gas _____ Oil _____ LPG _____ Other _____

Make of Tank: _____ U.L. Listed/Rated : _____ Other Listed/Rated _____

All work covered by this application has been authorized by the (Owner) or (Agent) of this property and will be done according to Local/State codes and regulations.

A tank location map must be provided and attached with this document.

A soil test report must be filed with the town. If a soil test is not done, contractor to file an inspection report with town at completion of job.

Signed: _____
(Applicant) (Date) (Telephone #)

**A copy of your Registration and Workmen's Compensation Insurance Certificate if applicable, must be presented at time of application.*