



MEDFORD
FIRE

Flammable Storage Tank Removal Permit Application

APPLICATION #: _____
(Issued by Fire Department)

Name of Applicant: _____

Mailing Address: _____

Telephone Number: (Home) _____ (Work) _____

Site Address: _____ E-mail: _____

Contractor: _____

Start Date: _____ Inspection Request Date/Time: _____

Description of Tanks:

Number:	Capacity (gallons):	Fuel Type:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Pertinent Information: _____

Type of Tank Removed:

- Above Ground
 Below Ground
 Other: _____

Fees:

\$100/ea
\$100/ea
\$100/ea

Make checks payable to the City of Medford

Issued By: _____ Date: _____
(Fire Code Official)

All work shall be in full compliance with State and Local applicable codes, standards, and statutes. The Applicant/Installer is responsible to notify Medford Fire-Rescue a minimum of 24 hours prior to request for inspection.

LIABILITY: THIS PERMIT DOES NOT RELIEVE THE PERMITTEE FROM CRIMINAL OR CIVIL LIABILITY FOR DAMAGES ARISING FROM EVENTS OCCURING UNDER HIS/HER CONTROL. VIOLATIONS OF THE REQUIREMENTS MAY RESULT IN THE ISSUANCE OF A CITATION OR CIVIL PENALTY.

I have read and understand the above and agree to the conditions.

Permittee or Permittee's Agent: _____ Date: _____
(Signature)

PERMIT INVALID WITHOUT PERMITTEE SIGNATURE AND FIRE DEPARTMENT SIGN-OFF