

VILLAGE OF PLEASANTVILLE * BUILDING DEPARTMENT

80 Wheeler Avenue * Pleasantville, NY 10570 Phone (914) 769-1926 * Fax (914) 769-5519 <u>www.pleasantville-ny.gov</u>

OIL TANK PERMIT APPLICATION

NOTE: ONE (1) SET OF ALL REQUIRED DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION

<u>SECTION I</u> – Project Address:
<u>SECTION II</u> – CONTACT INFORMATION: (PLEASE PRINT CLEARLY. ALL INFORMATION MUST BE CURRENT)
APPLICANT:
Address:
Phone:
OWNER:
Address:
Phone: Cell: Email:
<u>SECTION III</u> - Type of Work Proposed (Check all that apply)
[] Existing Tank Abandonment:gal Tank Size [] Underground [] Above Ground
A. [] TANK REMOVAL B. [] TANK CLOSURE IN PLACE
[] New Tank Installation:gal Tank Size [] Underground [] Above Ground
A. [] NEW TANK INSTALL B. [] TANK REPLACEMENT
Note: Installation & removal required to conform to the requirements of Chapter 34 of the Fire
Code of NYS, NFPA 30, Westchester County Health Department and NYS DEC Petroleum Bulk Storage
<u>Parts 613 & 614 for tanks over 1,100gal.</u>
SECTION IV - USE & OCCUPANCY
Existing / Current Use:
[] RESIDENTIAL [] COMMERCIAL
$\underline{SECTION\ V}$ - Permit Fees: (\$100 first \$1000 of construction cost - \$15 per \$1000 after)
TOTAL COST OF CONSTRUCTION (RASED ON FAIR MARKET VALUE LAROR & MATERIALS).

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SECTION \underline{VI} — Contact Information: (Please Print Clearly. All Information Must be current) ARCHITECT/ENG: ADDRESS: ___ CELL:____EMAIL: ____ CONTRACTOR: ADDRESS: Phone: ____ _____ Cell: ______ Email: _____ Electrician: Address: __ Phone: _____ Cell: ____ Email: _____ SECTION VII - APPLICANT CERTIFICATION I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS & EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE & CORRECT. ALL PROVISIONS OF LAWS & ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR LAND USE OR THE PERFORMANCE OF CONSTRUCTION. ____ Date: ____ Signature: __ OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE SECTION: BLOCK: LOT: **BUILDING DEPARTMENT CHECKLIST:** [] GC License [] Work. Comp. [] Liab. Ins. [] One set of documents [] EAS FORM [] SWPPP [] FLOOD DEV. PERMIT _____ Payment: [] Check #: _____ Name on Check: __ FINAL DESCRIPTION OF WORK: ____ **PERMIT CONDITIONS:** [] ACC / ADA [] ADD. REQUIRE. [] ARCH'S CERT [] BSMT AFF. [] BLOWER DOOR [] DIG SAFELY [] DRIVEWAY [] ELECT CERT [] ENG CERT (ANT) [] END CERT (SOLAR) [] FENCE / WALL [] FINAL SURVEY [] FIRE SPRINKLER A

[] DUCT LEAK [] PATIO / TERR [] PLUMB AFF. [] PROPANE [] SMOKE DET. [] FOUND SURVEY [] FIRE SPRINKLER B

[] SOIL BEARING CERT [] TANK MANIFEST

BLDG. INSPECTOR SIGN OFF: _____ DATE: _____
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