CHARLOTTE FIRE DEPARTMENT
FIRE PREVENTION BUREAU
Tank Removal and Safeguarding Permit Application

Applicant

This is the company name and mailing address of the tank removal company.

Name		
Address:	City/State:	Zip Code:
Phone Number: ( )	Cell Number: ( )	

Location and Type of Project

This is the facility name and address of the tank removal project. If vacant property, indicate "Vacant" for facility name.

Facility Name:		Address:					
Type of Project:	☐	Tank Removal	☐	Tank Abandonment	☐	Both A/G: ☐	B/G: ☐

Tank Information

If more than 4 tanks, complete a separate sheet.

Tank 1) Product:	Size:	Tank 2) Product:	Size:
Tank 3) Product:	Size:	Tank 4) Product:	Size:
Tanks Transported To:			

Responsible Applicant

Name: _____ Title: _____

Signature: _____ Date: _____ /_____ /_____

I certify that the information provided and contained herein is true and accurate to the best of my knowledge. The issuance of a permit shall not be deemed as approval to violate any provisions of the North Carolina State Fire Code. The code official has the right to inspect the site to ensure compliance with provisions of the fire code, and to issue a Stop Work Order for unsafe practices.

NOTE! A site plan of the job site shall be submitted with this application

Return the completed and signed application, site plan, and check to:

Charlotte Fire Department – Fire Prevention Bureau
500 Dalton Avenue
Charlotte, North Carolina 28206
Phone: 704-336-2101 Facsimile: 704-336-5190

☐ **Check Enclosed Payable to "The City of Charlotte"**

If you wish to pay by credit card, contact the Fire Prevention Bureau Office to provide necessary information.

CFD Office Use Only

Permit Code: __16__ Fee: $_____ Permit No. _____

Check No. _____ Issue Date: _____ / _____ / _____

Issued by Inspector: _____ Emp. #: _____

Information Collected By: _____

Entry Date: _____ / _____ / _____ Entered By: _____