



FUEL STORAGE TANK CONSTRUCTION PERMIT APPLICATION

TANK TYPE

Underground Storage Tank (UST) Aboveground Storage Tank (AST)

Vapor Recovery: Stage I Stage II Tank Material: _____

Tank Size: _____ Fuel type being stored: _____

TYPE OF CONSTRUCTION BEING PERFORMED (mark all that apply)

Installation Replacement Improvement Removal Repair Other: _____

Description of work to be performed: _____

FACILITY INFORMATION:

Facility Name: _____ Telephone: _____

Address: _____ TCEQ Facility ID#: _____

FACILITY OWNER INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Cell Phone: _____

CONTRACTOR INFORMATION:

Company: _____ Representative: _____

Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

TCEQ INFORMATION:

TCEQ Permit Number: _____ Approval Date: _____

I hereby certify that the statements on this application are true to the best of my knowledge and belief. I further certify that I, as Owner or General Contractor, agree to build in accordance with the CITY OF DICKINSON CODE OF ORDINANCES or other governing codes and agree that no work will be started on property prior to securing a building permit.

Applicant

Date

Approved

Approved As Noted (Construction May Proceed)

Revise & Resubmit

Rejected (**Resubmission Required**)

Fire Marshal: _____

Date: _____