



The City of Poughkeepsie Fire Department  
Poughkeepsie, New York

505 MAIN STREET, POUGHKEEPSIE, NY 12601  
PHONE (845) 451-4079 \* FAX (845) 451-4191  
WWW.CITYOFPOUGHKEEPSIE.COM

## OIL TANK PERMIT APPLICATION

**NOTE: One (1) set of all required documents must be submitted with this application**

**Permit Fee:** \$75.00 (Payable to 'City of Poughkeepsie')

**Section I – Project Address:** \_\_\_\_\_

**Section II – Contact Information: (Please print clearly. All information must be current)**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Section III – 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, and NYS DEC Petroleum Bulk Storage Parts 613 & 614 for tanks over 1,100gal.

**Section IV – Use & Occupancy**

Existing / Current Use: \_\_\_\_\_

Residential  Commercial

**Section V – Insurance Requirements (provide copies of the following with application):**

- Certificate of Liability Insurance naming “City of Poughkeepsie, 62 Civic Center Plaza, Poughkeepsie, NY 12601” as the certificate holder and additionally insured.
- Certificate of Insurance for Workers’ Compensation (Form 105.2) with “City of Poughkeepsie, 62 Civic Center Plaza, Poughkeepsie, NY 12601” as certificate holder.
- New York State Disability Form (DB-120.1) with “City of Poughkeepsie, 62 Civic Center Plaza, Poughkeepsie, NY 12601” as certificate
- If there is not a Worker’s Compensation Policy, a waiver must be submitted by the Worker’s Compensation Board.

**Section VI – Contact Information: (Please print clearly. All information must be current)**

**Architect/Eng:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Plumber:** \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Checklist:

Permit Fee \_\_\_\_\_  GC License  Work. Comp.  Liab. Ins.  Disability

One set of documents

Payment Date: \_\_\_\_\_  Check #: \_\_\_\_\_  Cash

Name on check: \_\_\_\_\_

FINAL INSPECTION:

Date of Inspection: \_\_\_\_\_

Permit # \_\_\_2018-\_\_\_\_\_

Inspected by: \_\_\_\_\_