

CITY OF WAUKESHA FIRE DEPARTMENT

130 W. ST. PAUL AVENUE
 WAUKESHA, WI 53188
 PHONE: (262) 524-3648
 FAX: (262) 524-3670

TANK CLOSURE APPLICATION

APPLICATION IS MADE TO THE WAUKESHA FIRE DEPARTMENT TO:

- | | |
|--|---|
| <input type="checkbox"/> Close System in Place | <input type="checkbox"/> Remove Underground (Non-Residential) |
| <input type="checkbox"/> Remove Underground (Residential – 1 & 2 Family) | <input type="checkbox"/> Remove Aboveground (Non-Residential) |

FEES: (Payable to the City of Waukesha)

Close System in Place	\$125.00 (Per Tank)
Remove Underground (Residential)	\$ 75.00 (Per Tank)
Remove Underground (Non-Residential)	\$125.00 (Per Tank)
Remove Aboveground (Non-Residential)	\$ 75.00 (Per Tank)
Close Underground Piping Only	\$ 50.00

AUTHORIZATION:

Approved By: _____ Date: _____

Check # _____ Amount Rec'd. _____

APPROVAL REQUIRED This application will serve as the Tank Closure Permit only when all fees have been received and when the authorization section has been completed by the Fire Prevention Bureau. **No work may begin without proper approval from the Fire Prevention Bureau (262) 524-3648 and arrangements must be made for an on-site inspection.** A COMM 10 notification form must be sent to the Fire Department.

ALL WORK MUST BE PERFORMED IN ACCORDANCE WITH COMM 10

(PLEASE PRINT)

(Arrangements must be made with Fire Prevention Bureau before work is started)

1. INSTALLATION NAME:		2. OWNER NAME:	
INSTALLATION ADDRESS:		OWNER STREET ADDRESS:	
STATE: _____ ZIP CODE: _____		STATE: _____ ZIP CODE: _____	
3. CLOSURE COMPANY NAME:		TELEPHONE NUMBER (INCLUDING AREA CODE): (_____)	
COMPANY TELEPHONE NO. (INCL. AREA CODE) (_____)		CLOSURE COMPANY STREET ADDRESS/CITY/STATE/ZIP CODE:	
4. NAME OF COMPANY PERFORMING CLOSURE ASSESSMENT:		ASSESSMENT COMPANY STREET ADDRESS/CITY/STATE/ZIP CODE	
COMPANY TELEPHONE NO. (INCL. AREA CODE) (_____)		CERTIFIED ASSESSOR NAME:	
CERTIFIED REMOVER NAME:		ASSESSOR CERTIFICATION NO.	
REMOVER CERTIFICATION NO.		ASSESSOR CERTIFICATION NO.	
TANK ID#	CONTENTS*	CLOSURE ASSESSMENT	
1.		YES	NO
2.		YES	NO
3.		YES	NO
4.		YES	NO
5.		YES	NO
*Indicate product by numeric code: 01-DIESEL; 02-LEADED; 03-UNLEADED; 04-FUEL OIL; 05-GASOLINE; 06-OTHER; 09-UNKNOWN; 10-PREMIX; 11-WASTE OIL; 13-CHEMICAL (indicate the chemical name(s)/number(s)); 14-KEROSENE; 15-AVIATION			
IS RIGHT OF WAY ENCROACHMENT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS DIGGERS HOTLINE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS SITE CONTAMINATION SUSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		SITE SAFETY PLAN APPROVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF CERTIFIED REMOVER:		DATE:	