

Fire Marshal/Emergency Management

Mailing: P. O. Box 370 Lillington, NC 27546
Physical: 200 North 13th Street, Suite 19
Erwin, NC 28339



910-893-7580



910-893-5025

APPLICATION FOR PLAN REVIEW

APPLICATION NUMBER: _____ - _____

TODAY'S DATE: _____ RECEIVED BY: _____

SUBMITTED BY: _____

NAME OF PROJECT: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____ EXT.: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

CONTRACTOR'S NAME: _____

MAILING ADDRESS: _____



PHONE NUMBER: _____

NOTICE

PLANS THAT ARE SUBMITTED WILL BE REVIEWED AS QUICKLY AS POSSIBLE, WITH AN AVERAGE TIME OF REVIEW BETWEEN 7 – 10 WORKING DAYS.

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PERMIT APPLICATION FOR INSTALLATION, REMOVAL OR ABANDONMENT OF UNDERGROUND OR ABOVE GROUND STORAGE TANK(S)

Application is hereby made by the undersigned for a permit:

Install: _____ Storage Tank(s) Underground _____ Above Ground _____
Remove: _____ Storage Tank(s) Underground _____ Above Ground _____
Abandon: _____ Storage Tank(s) Underground _____ Above Ground _____

Business Name: _____

Address: _____

City: _____ State _____ Zip: _____

Contractor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

-A permit shall be obtained for the above listed procedure prior to beginning work. All fees shall be paid at the time of the permit being issued.

-All tank work shall comply with all local, state, federal laws and NFPA and API standard practices.

-Notify the Emergency Services Office prior to installation, removal or in place abandonment of tank(s).

-For removal or abandonment in place, all liquids shall be removed from the tank(s) and disposed of properly.

-A representative from this office shall be on site at the time of the installation or removal of the tank(s).

-Tank contractors shall complete and submit the attached AGST/UGST Removal or Abandonment Checklist to this office after completion of the job.

I understand and consent to the above-stipulated conditions upon which this permit is granted. Failure to obtain permit and comply with regulations may render me liable to the penalties provided by law.



Applicant: _____ Date: _____ Phone #: _____

Emergency Services Director: _____ Date: _____ Granted _____ Denied _____

Receipt #: _____ Amount: _____ Cash: _____ Check #: _____ Rec By: _____

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AGST/UGST REMOVAL OR ABANDONMENT CHECKLIST

THIS FORM SHALL BE COMPLETED BY THE CONTRACTOR AND SUBMITTED TO THE HARNETT COUNTY FIRE MARSHAL'S OFFICE.

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRODUCT REMOVED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

GALLONS REMOVED: _____

GAS: _____ DIESEL: _____ KEROSENE: _____ FUEL OIL: _____

OTHER: _____

TANKS REMOVED BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TANK TYPE REMOVED: _____ GALLONS: _____

DISPOSAL BY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DISPOSAL SITE: _____

THIS DOCUMENT WILL BE PLACED ON FILE IN THE FIRE MARSHAL'S OFFICE.

CONTRACTOR'S SIGNATURE

DATE