

## **Fire Marshal Division**

P.O. Box 370 Lillington, NC 27546 910-893-7580

## **Application for Tank Removal or Abandonment**

Application #		Date	Date:	
Appl	icant			
Billir	ng Address			
City		State	Zip	
Appl	icant Phone:		-	
Appl	icant Email:		_	
Loca	tion of Tank(s)			
Remo	oval/Abandonment Date//_			
Cont	ractor			
Cont	ractor Phone:			
	ractor Email:		_	
the is inspe fees s	application must be completed and ressuance of the permit. Please allow (7-1 ection will be conducted to ensure complete shall be paid before permits will be issued itted with this application:  Copy of North Carolina Department of	10) working data iance with apped. The follow	ays for processing. A site plicable regulations. All ing items are required to be	
1	Resources GW/UST-3 Notice of Clos		i, fleaim and ivatural	
2	Number of tanks to be removed including the capacity and contents of each tank.			
3	Information detailing the proposed dis	sposition of the	e tanks after removal.	
	he applicants responsibility to ensure that cable Federal, State and Local regulation		re in accordance with all	
			/	
Applicant Signature			Date	