

**TOWN OF WARWICK  
FUEL STORAGE TANK PERMIT APPLICATION  
(1,100 Gallons or Less)  
FEE: \$100 ~ Make checks payable to: Town of Warwick**

Date \_\_\_\_\_

Application is hereby made to the Building Department for the issuance of an Above Ground Storage Tank Permit pursuant to the Code of the Town of Warwick Section 164-43.C & 164-47.2.E.10, for the installation of an above ground storage tank. The applicant agrees to comply with all applicable laws, ordinances and regulations.

**SITE DATA:**

Street Location: \_\_\_\_\_ Section-Block-Lot: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**Please check line(s) and describe project (size & location):**

\_\_\_ Tank Removal: \_\_\_\_\_

\_\_\_ Tank Installation: \_\_\_\_\_

\_\_\_ Tank Abandonment: \_\_\_\_\_

**OWNER:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**CONTRACTOR:**

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**INSURANCE (check one): (MUST be provided if having a contractor do any work on your property)**

- Builder / Contractor / Developer - New York State Insurance Certificate (*Workers Compensation*) (U-26.3 or C-105.1 are the ONLY FORMS ACCEPTED! – ACORD FORMS ARE NOT VALID PROOF!)
- CE-200 Form: Certificate of Attestation of Exemption. To be filled out on [www.wcb.state.ny.us](http://www.wcb.state.ny.us) website.
- WC/DB BP-1 certificate: Affidavit of Exemption to Show Specific Proof of Workers' Compensation Insurance.

**ABOVE GROUND STORAGE TANK SUBMISSION CHECK LIST:**

- \_\_\_\_\_ 1. Section, block and lot number of the property taken from the latest records.
- \_\_\_\_\_ 2. Name and Address of the owner of record.
- \_\_\_\_\_ 3. Provide proposed tank size capacity.
- \_\_\_\_\_ 4. If interior installation:
  - Floor plan sketch illustrating storage tank location and adjacent features.
- \_\_\_\_\_ 5. If exterior installation plan illustrating the following:
  - Sufficient description or information to define precisely the boundaries of the property. All distances shall be in feet and tenths of a foot.
  - On-site and off-site well locations within 200 feet of the proposed location.
  - Details of backup containment structures.
  - Location of impervious surfaces, catchment areas and other related site features.

**Homeowner will receive original copy. If applicant would like a copy, please let the Building Department know.**

**AUTHORIZATION:**

State of New York,  
County of \_\_\_\_\_, \_\_\_\_\_ being duly sworn deposes and says he is the owner and is duly authorized to perform or have performed said work and to make and file this application; that all statements are true and to the best of his knowledge and belief, and that the work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

Stamp:

**Owner** Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Owner Waiver Letter: (needed if not the homeowner)  
Yes:\_\_\_ No:\_\_\_

**FOR TOWN USE ONLY**

Fee Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash

Comments: \_\_\_\_\_ Application #: \_\_\_\_\_