This form is intended to assist you in preparing and submitting a complete application. By providing all the information listed below and any other requested information pertinent to your project, you are assuring the quickest possible turnaround time for plan review. It is the responsibility of the Applicant to assure that all applicable code requirements are satisfied.

**SUBMITTAL REQUIREMENTS**
Unless otherwise noted, provide **three** sets or copies of each.
At a minimum, application submittal packages shall include the following:

- Completed Permit Application Form 200 with Original Signature.
- Completed Project Information and Submittal Checklist.
- Site Plan showing:
  - Property lines.
  - North arrow.
  - Location of the tank(s). Indicate distances to:
    - Property lines
    - Buildings
    - Public and private access
    - Other tanks
- Decommissioning Report: For decommissioned tanks, a Decommissioning Report (form attached) must be provided within 30 days of completion of the work to both:
  - the Property Owner for their records.
  - to the City of Port Orchard Department of Community Development.

**PROJECT INFORMATION** - complete this section:

- **Type of Project:**  
  - [ ] Install
  - [ ] Abandon in Place
  - [ ] Remove

- **Number of Tanks:** _____  
  **Tank Capacity:** ______ gallons  
  **Dispensing:**  
  - [ ] Yes
  - [ ] No

- **Type of Fuel:**  
  - [ ] LPG
  - [ ] Oil
  - [ ] Other: ______________________

- **AST/UST:**  
  - [ ] Aboveground
  - [ ] Underground
  **Use:**  
  - [ ] Residential
  - [ ] Commercial

- **Project Value** *(bid contract, or labor and materials estimate):* $____________________

By checking the Submittal Requirement boxes and providing the Project Information above, you are indicating that all required information is present and that the submittal is ready for review and subsequent approval. **WORK REQUIRING A PERMIT IS NOT AUTHORIZED UNTIL PLANS ARE REVIEWED AND APPROVED AND NECESSARY PERMITS ARE ISSUED.**

Signature: ______________________________________  
Date: ______________________________________

Print Name: ______________________________________
Heating Oil Tank
Decommissioning Report

Address tank located: ____________________________________________________________

Property owner: __________________________________________________________________

Date of decommissioning: ________________  Tank size: __________________________

Type of disposal:  ☐ In Place  ☐ Removal

Type of fill material: __________________________________________________________

Company name: __________________________________________________________________

Address: _____________________________________________________________________

Phone_________________  E-mail: _______________________________________________

Person responsible for disposal: ________________________________________________

City business license number: _________________________________________________

ICC UST Certification number: _________________________________________________

Dept. of Ecology Certification number: __________________________________________

If required:  Soil analysis company: ______________________________________________

Results of analysis: ____________________________________________________________

A copy of this report has been provided to the Property Owner for their records.

Signature: ____________________________  Date ______________

  Decommissioner

Print Name: _______________________________