

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124 Visit our web site: www.stpaul.gov/dsi

HAZARDOUS MATERIALS PERMIT APPLICATION

NOT TO BE USED FOR TEMPORARY PROPANE.

Incomplete information will result in rejection of application. No work can begin prior to approval.

Date:	Permit N	Number:	
Project Address:	Building	g Name:	
CONTRACTOR INFORMATION	<u> </u>		
Name:MPCA ID #	:	Email:	
Address:		Phone:	•
Contact Person:		Fax:	
Property Owner Name:			
Property Owner Address:		Phone:	
Estimated Start Date:	Estimate	ted Finish Date:	
Project: Install () Repair () * If removed, where will tank be taken for disposal?	Alter ()	Abandon () Remove ()*	
Number of Tanks:Number of Dispense Tank Type: Protected AST() Aboveground() Tank Capacity:	Underground	nd() Other: DOT are in lbs, Horizontal ASME are in gallons]	
Tank Specification/Listing:		Tank Contents:	
1st Tank: \$204 Additional Tank: \$73/ea. Disp Make check payable to City of Saint Pau		* * Required Attachments * * Site Plan () Mechanical Plan ()
Applicant certifies that all information is correct and that complied with in performing the work for which this per Applicant's Signature: Signature of Cardholder (required for all charges):	rmit is issued. I		
□ AMEX □ Discover □ MasterCard □ Visa BILLING ZIP CODE	Security Code ►	Expiration Month/Year ►	
Enter Account Number ▶▶			