CITY OF SAINT PAUL
Department of Safety and Inspections
Fire Safety Inspection Division
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124

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 Number: _____

Project Address:	**Building Name:**

Contractor Information

Name: _____ MPCA ID #: _____ Email: _____

Address: _____ Phone: _____

Contact Person: _____ Fax: _____

Property Owner Name: _____

Property Owner Address: _____ Phone: _____

Estimated Start Date:	Estimated Finish Date:

Project: Install ( ) Repair ( ) Alter ( ) Abandon ( ) Remove ( )*
* If removed, where will tank be taken for disposal?

Number of Tanks: _____ Number of Dispensers: _____ Estimated Value of Work: _____

Tank Type: Protected AST ( ) Aboveground ( ) Underground ( ) Other

Tank Capacity: _____ [Vertical DOT are in lbs, Horizontal ASME are in gallons]

Tank Specification/Listing: _____ Tank Contents: _____

First Tank: $204.00
Each Additional Tank: $73.00
Each Dispenser: $51.00

Make check payable to City of Saint Paul

* * Required Attachments * *

Site Plan ( ) Mechanical Plan ( )

Applicant certifies that all information is correct and that all pertinent state regulations and city ordinances will be complied with in performing the work for which this permit is issued. Final approval subject to field inspection.

Applicant's Signature: _____ Date: _____

Signature of Cardholder (required for all charges):

☐ AMEX ☐ Discover ☐ MasterCard ☐ Visa	Security Code					Expiration Month/Year				
Enter Account Number										