CITY OF PORT ORCHARD
Permit Center
Office located at 720 Prospect Street
Mailing address: 216 Prospect Street
Port Orchard, WA 98366
(360) 874-5533 • permitcenter@cityofportorchard.us

TANK INSTALLATION or DECOMMISSION PERMIT APPLICATION

AN INCOMPLETE APPLICATION WILL NOT BE ACCEPTED

By checking the boxes below, you are indicating that all required information is present and that the submittal is "counter complete" and ready for review and subsequent approval. If upon review for technical completeness corrections are necessary, the submittal will be placed on hold until the required information is submitted, and part or all of the submittal package may be returned to the applicant for correction and re-submittal prior to approval or permit issuance. No work shall be performed until plans are reviewed and approved, fees are paid, and all necessary permits are issued.

It is the responsibility of the installer or decommissioner of record to assure all applicable code requirements are satisfied. The current adopted edition of the International Fire Code and the International Building Code, with local and state amendments, shall be the primary, but not all inclusive, resource documents for code requirements and installation standards. Additional requirements in the Port Orchard Municipal Code may also apply.

PROJECT INFORMATION - complete the following:

Type of Project: ☐ Install ☐ Abandon in Place ☐ Remove

Number of Tanks: _____ **Tank Capacity:** _____ gallons **Dispensing:** ☐ Yes ☐ No

Type of Fuel: ☐ LPG ☐ Oil ☐ Other: _____

If decommissioning, has the tank been leaking? ☐ Yes ☐ No

AST/UST: ☐ Aboveground ☐ Underground **Use:** ☐ Residential ☐ Commercial

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

SUBMITTAL REQUIREMENTS: Check off items included with your submittal.
Unless otherwise noted, provide **two sets or copies** of each. If a signature is required, submit the original plus one copy. Application submittal packages shall include the following:

☐ **Completed Master Permit Application form with original signature(s).**

☐ **Completed Tank Installation or Decommission Permit Application.**

☐ **Completed Commercial Mechanical Permit Application for Type 1 Hood.**

☐ **Site Plan showing:**
   o Property Lines
   o Buildings
   o Public and private access
   o Other tanks

☐ **Decommissioning Report:** For decommissioned tanks, a Decommissioning Report *(form attached)* must be provided within 30 days of completion of the work to:
   o The property owner for their records
   o The City of Port Orchard Permit Center.

☐ **Spill Site Assessment and Certificate of Disposal:** For a tank that was leaking, whether known at the time of application or discovered when decommissioning the tank, the following must be provided within 30 days of completion of the work to the Property Owner, Kitsap Public Health District, and the DCD Permit Center.
   o A Spill Site Assessment Report that addresses site analysis, source removal, test results and conclusions.
   o A Certificate of Disposal from the Landfill Facility.

VERIFIED CONTRACTOR INFO: Contractor's License: _____   UBI: _____   Business License: _____
                                                    initial   initial   initial

PERMIT #'s FOR RELATED PROJECTS: _____

DATE ISSUED: _____   FEES: _____   RECEIPT #: _____   PERMIT #: _____

OVER-THE-COUNTER APPROVAL

BUILDING DEPARTMENT APPROVAL (sign and date): _____

PLANNING DEPARTMENT APPROVAL (sign and date): _____

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: _____