



TANK PERMIT APPLICATION

Department of Community Development and Code Compliance
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OFFICE USE ONLY
APPLICATION #:
PERMIT #:
MASTER PERMIT #:

PROJECT INFORMATION

WHAT TYPE OF WORK IS TO BE PERFORMED (PLEASE CHECK): RESIDENTIAL COMMERCIAL

<input type="checkbox"/> <u>TANK INSTALLATION</u> <input type="checkbox"/> UNDERGROUND TANK <input type="checkbox"/> ABOVE GROUND TANK SIZE OF TANK: _____ CONTENTS OF TANK: _____	<input type="checkbox"/> <u>TANK ABANDONMENT</u> OR <input type="checkbox"/> <u>TANK REMOVAL</u> <input type="checkbox"/> UNDERGROUND TANK <input type="checkbox"/> ABOVE GROUND TANK SIZE OF TANK: _____ CONTENTS OF TANK: _____
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PLEASE DESCRIBE LOCATION OF THE TANK ON PROPERTY (ALSO PROVIDE A SKETCH ON A SEPARATE SHEET):

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE TANK WORK TO BE COMPLETED (FOR TANK ABANDONMENT, INCLUDE METHOD OF ABANDONMENT/FILL MATERIAL):

WHAT IS THE ESTIMATED COST OF WORK ONLY (MATERIALS AND LABOR)? DO NOT INCLUDE THE COST OF OTHER WORK IN THIS ESTIMATE	ESTIMATED COST: \$ _____
JOB ADDRESS (STREET #/STREET NAME OR SUBDIVISION):	PARCEL ID #:
BUILDING/SHOPPING CENTER NAME AND TENANT NAME (IF APPLICABLE):	

CONTACTS

PLEASE NOTE: ALL CORRESPONDENCE WILL BE MADE BY EMAIL UNLESS OTHERWISE SPECIFIED

OWNER'S NAME:	PHONE #:	
PLEASE NOTE: IF THE PROPERTY OWNERSHIP HAS RECENTLY CHANGED, YOU MAY BE ASKED TO PROVIDE A COPY OF THE DEED		
CONTRACTOR NAME:	DPOR LICENSE #:	
CONTRACTOR ADDRESS:	CONTRACTOR PHONE #:	
PRIMARY CONTACT FOR CORRESPONDENCE (NAME):	EMAIL:	PHONE #:

APPLICANT

LICENSED CONTRACTOR: IF YOU ARE APPLYING FOR THIS PERMIT AND YOU ARE THE CONTRACTOR LISTED ON THIS APPLICATION, PLEASE COMPLETE THE APPLICANT SECTION BELOW

CONTRACTOR'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE CONTRACTOR LISTED ON THIS APPLICATION, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE CONTRACTOR'S AGENT**

OWNER: IF YOU ARE THE OWNER OF THIS PROPERTY, ARE EXEMPT FROM LICENSURE REQUIREMENTS, AND YOU ARE DOING YOUR OWN WORK, YOU MUST COMPLETE THE "APPLICANT" AND "OWNER" SECTIONS

OWNER'S AGENT: IF YOU ARE APPLYING FOR THIS PERMIT ON BEHALF OF THE OWNER OF THE PROPERTY, YOU WILL BE REQUIRED TO PROVIDE **PROOF THAT YOU ARE AUTHORIZED TO ACT AS THE OWNER'S AGENT**

APPLICANT SIGNATURE:	APPLICANT NAME (PLEASE PRINT):	DATE:
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OWNER	COMPLETE THIS SECTION ONLY YOUR IF YOU ARE THE OWNER OF THE PROPERTY DOING OWN WORK AND ARE NOT SUBJECT TO LICENSURE AS A CONTRACTOR OR SUBCONTRACTOR.		
	If you are an owner and intend to do the work or subcontract the work, the owner is required to certify that you are the owner of this tract or parcel of land, that you have applied for this permit, and are not subject to licensing as a contractor or subcontractor. Signing below and obtaining the permit in your name, designates you, as the owner, responsible for the quality of the work and compliance with applicable state and local codes, and acknowledges your compliance with the Section 54.1-1111 of the Code of Virginia.		
	I, as the OWNER, will be responsible for the work performed on my property, and shall be responsible for compliance with all state laws regulating building construction and use, and compliance with all county ordinances.		
	OWNER OR AGENT SIGNATURE:	DATE:	NAME (PRINT):

COMMUNITY DEVELOPMENT OFFICE USE ONLY						
PERMIT TRACKING FORM ATTACHED (IF NOT, COMPLETE BELOW)					Y	N
APP/FEES	RCVD BY:	RCVD DATE:	BUSINESS LICENSE VERIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR	PLANS/SPECS SUBMITTED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NR		
	PERMIT FEE AMT: \$	STATE LEVY AMT: \$	TOTAL FEE AMT: \$	PAID BY:		
	PROFFERS REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO	PROFFER AMT. PAID: \$	<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK (CK # _____)	RCVD BY:		

APPLICANT NOTIFIED BY:	<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> OTHER:	DATE:
PERMIT ISSUED BY:	<input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> PICKED UP BY:	DATE: