

TOWN OF EASTON

OIL TANK

REMOVAL / ABANDONMENT/ REPLACEMENT PERMIT



Date:	PERMIT #
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Owners Name:	
Address:	
Ph. #	Email:

Contractor Name:		CBYD#
License #	License Class:	Exp. Date:
Cell #	Email:	
Signature:		Date:

REMOVAL <input type="radio"/>	ABANDONMENT <input type="radio"/>	INTERIOR REPLACE <input type="radio"/>
JOB COST:		
Tank Location:	Size:	
Disposal Destination:		
Back Fill Material:		

OFFICE USE ONLY	
Job Cost: _____	
Permit Fee	\$
Admin Fee	\$
TOTAL	\$
_____	_____
<i>Building Official Signature</i>	<i>Date</i>

I, The Undersigned, in accordance with Building Code of the State of Connecticut, hereby applies for a permit to remove or abandonment of an oil tank as listed herein & agrees to conform strictly to the Building Code and will submit final report to the Town of Easton, Building Department. Signature: _____