

Storage Tank System Operating Permit Application

Facility Information

Applicant Name: _____ Company Name: _____
 Address: _____ Municipality: _____
 Province: _____ Postal Code: _____
 Phone Number: _____ Fax Number: _____ Email: _____
 Lot: _____ Block: _____ Plan: _____
 Facility/Site Number (PTMAA): _____

Legal Land Description

Quarter: _____ Section: _____ Township: _____ Range: _____ Meridian: _____

Total Number of Tanks: _____ **Only tanks 2500 Litres (L) and larger**
 Number of Underground Tanks: _____ Number of Aboveground Tanks: _____

Please include tank information separately or within Site Diagram. Tank type and capacity (in Litres) and any other pertinent site specific information.
 Note: Each compartment of multi-compartment tanks is defined in the National Fire Code – 2019 Alberta Edition as an individual storage tank

Owner Information

Same as Above or Invoice To:

Applicant Name: _____ Company Name: _____
 Address: _____ Municipality: _____
 Province: _____ Postal Code: _____
 Phone Number: _____ Cell Number: _____ Fax Number: _____
 Email: _____

Billing Information

Same as Above or Invoice To

Applicant Name: _____ Company Name: _____
 Address: _____ Municipality: _____
 Province: _____ Postal Code: _____
 Phone Number: _____ Cell Number: _____ Fax Number: _____
 Email: _____

Site Diagram

Please Provide a Site Diagram as per your Fire Safety Plan

(Site diagram must include: North Arrow, Tank(s) placement, Structure(s) (building(s)), Property lines, Site access point(s), Muster Point(s))

Applicable Changes

In the past 12 months, have you or anyone else made any alterations or repairs to the tank(s) system(s)?

- Yes** (If Yes, please include change documentation or provide details below)
- No**
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In the past 12 months:

Have you or anyone else installed a new tank?

Yes No

If Yes, did you get a permit?

Yes No

Have you or anyone else removed and/or decommissioned any portion of the system? Yes No

Site Maintenance

In the past 12 months, have any required underground tank/piping precision tests or single-wall aboveground 10-year inspections been completed?

- Yes** (If Yes, please include change documentation or provide details below)
- No**
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- I agree and confirm it is the responsibility of the owner and/or operator to report any changes in the status of or alterations to any tank(s) or system components. Please attach any applicable documents, specifications, photos or diagrams to verify the information provided.**
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Print Name

Signature

Date