

**Application Form
Tank**

**Inspections Services
Regulatory Services**
505 South 4th Avenue, Room 510A
Minneapolis, MN 55415
Office 612-673-3000 or 311
TTY 612-673-2157
www.minneapolismn.gov/inspections

Office Use Only

BLDG# _____

Amount \$ _____

Flag(s) _____

CSR Initials _____ Date _____



TANK INSTALLATION APPLICATION

You must complete this application at least two (2) weeks before the installation of any gasoline or flammable liquid storage tanks, and before any piping from flammable liquid storage tanks is altered. The fee for the application is \$150.70 per tank installed.

This application is for tank installation only. Tank removal and abandonment permits are issued by the Minneapolis Health Department. A separate annual Hazardous Materials Permit is required for use, storage, and handling.

APPLICANT INFORMATION				
NAME		BUSINESS NAME		MN UST CONTRACTOR NUMBER
MAILING ADDRESS			CITY	STATE ZIP
CELL PHONE			EMAIL	

SITE INFORMATION	
JOB ADDRESS	
PROPERTY OWNER OR CONTACT	OWNER OR CONTACT PHONE NUMBER

SITE PLAN
A site plan is required with your application. You must submit three (3) copies if you're submitting a paper application. Site plans must be legible and complete. Your application will be returned if the site plan is incomplete.
At a minimum, the site plan must include:
<ul style="list-style-type: none"> • Method of storage • Class of liquid • Quantities to be stored • Distances from buildings, property lines, and public rights-of-way • Type, location, and layout of dispensing, pumping, loading, and unloading equipment • Provisions for spill control and secondary containment

TANK INFORMATION					
CHECK ALL THAT APPLY					DATE/TIME OF INSTALLATION
Dispensing <input type="checkbox"/> Bulk Storage <input type="checkbox"/> Loading Rack <input type="checkbox"/>					
Quantity	Capacity	Product	Construction	Dimensions	
1					
2					
3					
4					

The undersigned hereby agrees that all information on this application is true and correct and to comply with all applicable City ordinances, state and federal rules, and all rulings of the Minneapolis Fire Code Official.

SIGNATURE _____ DATE _____

PAYMENT OPTIONS

In person at the City of Minneapolis Service Center, Monday through Thursday, 8 a.m. to 4 p.m., and Friday, 9 a.m. to 4 p.m.:

Public Service Building
505 South 4th Avenue, Skyway Level
Minneapolis, MN 55415

By mail, with a check payable to Minneapolis Finance Department, or the below credit or debit card information, mailed to:

Inspections Services
505 South 4th Avenue, Room 510A
Minneapolis, MN 55415

MasterCard or Visa only

Card Number _____

Expiration Date _____ CVV _____