

Office of the Loves Park Fire Department  
Division of Petroleum and Chemical Safety  
400 Grand Ave.  
Loves Park, IL. 61111 (815) 654-5049

Permit for **UNDERGROUND** storage tanks.

1. A fee of \$100 for each tank must accompany this permit. Checks or money orders are to be made payable to the City of Loves Park.

2. Site drawing must be submitted with this permit

3. Type of activity      Installation      Removal      Repair      Testing

4. **Owner of tanks**      Corporate      Partnership      other business entity

Owner Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

5. **Facility Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

6. **Contractor** – Person or Company performing task

Co. Name \_\_\_\_\_ Reg. No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

7. Number of tanks being worked on. \_\_\_\_\_

If tanks contain other than petroleum products indicate contents here. \_\_\_\_\_

If tanks are leaking, notify this office and give ESDA incident # \_\_\_\_\_

Are the tanks registered with the Office of the State Fire Marshall \_\_\_\_\_

8. For each facility(EPA form 7530-1 Notification of underground storage tank(s) must be completed and a copy submitted to this office after tank(s) are removed.

9. I certify under penalty of law that I have personally examined and am familiar with the information submitted on this form and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that all submitted information is true, accurate and complete in accordance with section 103.0 of the fire prevention code, 1987 Boca International, State of Illinois Fire Marshal's Office.

Name of authorized Representative \_\_\_\_\_ Title \_\_\_\_\_

Company Represented \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

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For office use only

Facility # \_\_\_\_\_

State Permit # \_\_\_\_\_

Approval Date \_\_\_\_\_

Approved By \_\_\_\_\_

Signature