



**Boston Fire Department  
Fire Prevention Division  
1010 Massachusetts Avenue – 4<sup>th</sup> Floor  
Boston, MA 02118  
Tel: 617-343-3447 Fax: 617-343-2197**

<i>For BFD Internal Use Only:</i>	
Payment Received Date:	_____
Payment Number:	_____
Customer ID:	_____
Permit Number:	_____

**APPLICATION FOR APPROVAL TO INSTALL OR MODIFY  
UNDERGROUND/ABOVEGROUND STORAGE FACILITY**

Completed Permit to be: \_\_\_\_\_ Mailed \_\_\_\_\_ E-mailed \_\_\_\_\_ Picked up

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

Number Street  
\_\_\_\_\_  
City State Zip Code

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

Permit to be exercised at the following location in accordance with 527 CMR 9.00:

Number Street City  
\_\_\_\_\_

To:

*(place a check mark in appropriate column for Install/Replace and UST/AST)*

Install	Replace	UST	AST	Tank Make and Model	Tank Approval #	Tank Size

Describe the type of tank construction and its components: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe completely other modifications being made to the storage facility:

\_\_\_\_\_  
\_\_\_\_\_

Type of Precision Test to be used upon completion: \_\_\_\_\_

I certify that the underground/aboveground storage tank(s), piping and other components *will* be installed in accordance with 527 CMR 9.00.

APPLICANT'S SIGNATURE \_\_\_\_\_  
*(Please sign and then print name)*