



250 Maryknoll Drive North Stillwater MN 55082
Mailing address: 216 Fourth Street North Stillwater MN 55082
651-351-4950 Fax: 651-351-4967
www.stillwater.mn.us



Tank Removal Permit

JOB ADDRESS: _____

OWNER: _____

CONTRACTOR: _____

CONTRACTOR LICENSE NUMBER: _____

EXPIRATION DATE: _____

USE OF BUILDING: _____ RESIDENTIAL _____ COMMERCIAL

TANK SIZE: _____

VALUATION OF WORK: _____

SPECIAL CONDITIONS: _____

APPROVED FOR ISSUANCE PERMIT FEE: \$75.00

The permit becomes null and void if work authorized is not commenced within 180 days, or if work is suspended or abandoned for a period of 180 days at any time after work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of contractor or authorized agent

Date

Signature of Fire Chief or Designee

Date