



Brighton Fire Rescue District



Install Of (Ast), Aboveground Tank

Install Of (Ust), Underground Tank

Repiping Or Relining

CONTRACTOR PERMIT APPLICATION

SITE/OWNER INFORMATION

Site/Business Name: _____ Phone: _____

Site/Business Address: _____ Email: _____

City, State, Zip: _____ Fax Number: _____

Owner/Responsible Party: _____ Phone: _____

Owner Address (if different): _____ City, State, Zip: _____

APPLICANT-CONTRACTOR INFORMATION

Applicant Business Name: _____ Contact: _____

Business Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Sampling & Testing Co.: _____ Contact: _____

Phone: _____ Fax: _____ Email: _____

TANK INFORMATION

Number of Tanks	AST or UST	Size (gallons)	Product	Serial Number	Location on Property

****Attach additional documents as needed.**

Plans have been submitted and approved No Yes

Tanks and equipment match that listed in the plan review No Yes

Emergency dispenser shut-off switch identified and tested for proper function..... No Yes

All required signage posted (emergency switch; at dispensers, etc.) No Yes

Mounted portable fire extinguisher (40-B) (10' minimum, 75' maximum) away from dispensers No Yes

Guard Posts/Bollards are installed if vehicle impact protection is required No Yes

For Office Use Only

Date: _____ Permit #(s) _____

Permit Fee: _____ Receipt # _____

Staff Review: _____ Application Approved Application Disapproved

A COPY OF THIS APPLICATION FORM SHALL REMAIN ON SITE WITH THE PERMIT