City of Columbus
Fire Prevention Bureau
16319 Kettle River Blvd
Columbus, MN 55025
Business (651) 209-9742
Fax (651) 464-4968

Date:
Permit No:

ABOVEGROUND STORAGE TANK PERMIT APPLICATION

Business Name:_____ Phone:_____

Site Address:_____ Suite:_____

Property Owner Name:_____ Phone:_____

Applicant Name:_____ Owner ___Contractor____ Other____

Contractor Business Name:_____ Phone:_____

Address:_____ Suite:_____

City:_____ State_____ Zip Code:_____

License No:_____ Expiration:_____

Description of work: _____

_____

Proposed date to start work: _____Type of foundation tank(s) will be placed on: _____

Type of use: ☐ Permanent Operation ☐ Temporary Operation ☐ Dispensing ☐ Construction Site ☐ Storage

Tank(s):	Tank #1	Tank #2	Tank #3	Tank #4
Capacity:	_____	_____	_____	_____
Product:	_____	_____	_____	_____
UL Listing:	_____	_____	_____	_____

Application Submittal Requirements:

1. Provide manufactures specification sheet for tank(s) and all appliances.
2. Provide documentation of both individual and company MNPCA certification.
3. Provide 3 sets of plans that shall indicate the method of storage; class of liquid and quantities to be stored; location of tank(s); piping and utilities; distances from buildings, property lines and public ways; type, location and layout of dispensing, pumping, loading and unloading equipment; emergency controls; portable fire extinguisher; description of vehicle impact protection and provisions for spill and secondary containment.

Fee: Make check payable to ***City of Columbus***

Flat Permit Fee: $100.00 per tank $_____

I hereby apply for this permit and I acknowledge that the information above is complete and accurate; that the work will be done in accordance with the ordinances of the City of Columbus, the Minnesota State Fire Code, NFPA standards, and the Pollution Control Agency rules; that I understand this is not a permit but an application for a permit and work is not to start without a permit; that the work will be in accordance with the approved plans, specifications and codes.

Applicants Signature: _____ Date: _____

Office Use:
Required Inspections: ☐ Site
Permit Approved By:_____ Date:_____ Entered:_____ Issued:_____