



Fuel Storage/Tank Permit

TOWN OF BROOKLINE, FIRE DEPARTMENT

Is this lot within the Shoreline Protection Zone?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
JOB SITE INFORMATION AND LOCATION	
Street Address:	Lot#
FUEL TYPE	
<input type="checkbox"/> Gas/LP	<input type="checkbox"/> Kerosene <input type="checkbox"/> Oil
<input type="checkbox"/> Natural	<input type="checkbox"/> Solid Fuel (wood/coal)
TANK SIZE	
# of tanks: _____	Gallons: _____
Location	
<input type="checkbox"/> In Ground	<input type="checkbox"/> Above Ground
PROPERTY OWNER INFORMATION	
Name: _____	
Address: _____	
City/State/Zip: _____	
Phone: () _____	
Email: _____	
EXCAVATION COMPANY	
Business Name: _____	
Address: _____	
City/State/Zip: _____	
Phone: () _____	
INSTALLER INFORMATION	
Name: _____	License # _____
Business Name: _____	
Address: _____	
City/State/Zip: _____	
Phone: () _____	
<p>The above listed installer certifies that all information is correct and that all pertinent State and Town ordinances/codes will be complied with in performing the work for which this permit is issued. The above installer also understands that it is his/her responsibility to call and schedule an inspection.</p> <p>This permit shall be good for a period of 1 year from the date of issuance.</p> <p>Call (603) 672-8531 for an inspection</p> <p>_____</p> <p><i>Authorized Signature</i></p> <p>_____</p> <p><i>Date</i></p>	

CONSTRUCTION CATEGORY	
<input type="checkbox"/> Residential	
<input type="checkbox"/> Commercial/Industrial	
Fee Schedule	
Oil tank 330 gal or less	\$40
>330 add \$10 for every 275 gal	
Propane tank 500 gal or less	\$40
>500 add \$10 for every addtl 500 gal	
Tank Swap (same size)	\$40
if different size see above fees	
120 gal tanks x2	\$40
does not include gas piping	
Gas piping	\$40
Total Permit Fees: _____	
PERMIT #	20 -BFD-
DATE:	_____
Town of Brookline Fire Chief or Dept Designee	
Certificate of Compliance	
Permission is hereby granted to operate the above equipment appliances in compliance with state and local codes.	

Fire Chief or Designee	

Date	