

Permit # _____
 (Receipt #)
 Date Paid _____
 Cash/CC/Check _____
 Amount Paid _____

**PERMIT APPLICATION FOR
 UNDERGROUND STORAGE TANKS (UST)**

Location of the Work to be Conducted

Facility Owner Information

Facility Name:	Name:
Physical Address:	Mailing Address:
City, ST Zip:	City, ST Zip:
Phone:	Email:
Facility ID Nubmer:	WCHD ID:
Date of Proposed Work:	
Licensed Certified Underground Tank Handler (UTH):	
UTH No.	Expiration Date:

I am applying for a permit (check all that apply):

- Tank and/or Pipe Installation
- Remodel, Upgrade or Repair*
- Decommissioning UST System
 - Closure by Removal
 - Closure in Place (fill inert)
 - Change in Service

Description of Scope of Work: _____

* A determination on scope of work may be required to assess if provisions are subject to requirements of 2005 Energy Policy Act. See Washoe County Health District UST personnel for additional details.

I certify the information contained in this application is true and correct, and that I am authorized to request a permit for the proposed action(s). By signing below my signature is consent to inspection.

Permit Conditions (conditions listed on this Permit supersede all previous Permit conditions):

- A: The permit holder must operate in full compliance with federal, state and local UST statutes, regulations, ordinances and codes.
- B: The permit holder must operate in accordance with the UST permit application and the approved plans, as submitted to the Washoe County Health District. Any changes to the approved application and/or the plans must be reviewed and approved by the Washoe County Health District prior to implementation.
- C: Washoe County Health District staff will conduct routine inspections of the permit holder's job site and reserves the right to enter the property at any time during hours of operation to review and evaluate UST installation/decommissioning activities and practices.
- D: This permit is not transferable.
- E: This permit may be suspended or revoked for failure to comply with any of the conditions specified.

Applicant's Signature: _____ **Date:** _____

Title: Owner Licensed Installer Representative of Licensed Installer/Remover Other _____