



# Application for Permit to INSTALL ABOVEGROUND PETROLEUM OR HAZARDOUS SUBSTANCES TANKS

Bureau of Fire Prevention – City of Lincoln

555 S 10<sup>th</sup> St. Rm 203 • Lincoln, NE 68508-3995 • [Building & Safety Website](#)

Phone No. 402-441-7791 • Fax No. 402-441-6442 • 24-Hour Inspection Line 402-441-8213

**\$85.00 Fee for Review & Inspection per Tank – Payable to Bureau of Fire Prevention**

Today's Date: \_\_\_\_\_ Proposed Installation Date: \_\_\_\_\_

Owner			Installation Site		
Owner/Operator			Site Name		
Mailing Address			Street (or directions, if rural)		
City	State	Zip Code	City	State	Zip Code
Telephone			County	Telephone #	

Installation Contractor			
Company Name		Address	
City	State	Zip Code	Telephone #

Tank Information	#001	#002	#003	#004	#005	#006
Tank Capacity (gallons)						
Substance To Be Stored UL, Pr, E-10, E-85, E-95, #1Diesel, #2Diesel, Dyed Diesel, SoyDiesel, E- Diesel, #1HO, #2HO, Kerosene, Waste Oil, New Oil, Other (Specify)						

1. This Permit Application is for (*check one box only*):  New Site  New Tank(s)  Product Line Only

2. Is this a request for temporary usage (4 months maximum)?  Yes  No (There is no charge for Temporary Permits)

3. (*To be completed by the owner/operator if new tanks*)

Do you have knowledge of either aboveground or underground storage tanks at this site during any time in history?  Yes  No

If **yes**, indicate SFM facility ID # \_\_\_\_\_ or, if there is no facility ID #, attach a statement signed by the owner/operator indicating history, owner and type/number of tanks.

Print Owner/Operator Name: \_\_\_\_\_

Owner/Operator Signature: \_\_\_\_\_

4. Type of Facility and intended use of tank(s) (*check all that apply*):

- Retail Marketing  Bulk  Government  Farm  Heating Oil  Commercial  
 Generator  Aircraft Refueling  Pump Irrigation  Other \_\_\_\_\_

5. Mark each item that applies to the tank or tanks:  Listed or approved for Aboveground Use  Fire Rated  
 Fire Resistant  Field Constructed

6. Type of impoundment:  Impoundment by Diking  Containment Tank system (Double  
 Wall) Remote Impoundment  None (III B Liquids only)

7. Type of Overfill Control (if required): \_\_\_\_\_

8. Tank Type:  Single-walled  Double-walled

9. Piping Located:  Aboveground  Underground

10. Piping Type:  Single-walled  Double-walled

11. Material Used for Product Lines:  FRP  Flexible Plastic (*specify brand*) \_\_\_\_\_  
 Coated Steel with Cathodic Protection  Other (*specify*) \_\_\_\_\_

12. Will the tank be located inside a building?  Yes  No

13. Will dispenser utilize a card-trol or key-trol system?  Yes  No

14. Is facility unattended at any time (day or night)?  Yes  No

15. Will electrical work be performed as part of installation?  Yes  No  
If yes, will electrical permit be obtained?  Yes  No

Other Comments regarding work to be performed: \_\_\_\_\_

**General Site Plan**

Minimum Requirements: Site Plan must show:

- Buildings on Property (be specific)
  - Location of Dispensers
  - Distances from Tanks to Property Lines/Buildings/Dispensers
  - Approximate Location of Tanks and Piping
- (attach additional pages if necessary)*

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**Plan Review and Inspection Fee: A fee of eighty-five (\$85) dollars per tank for the plan review and final inspection must be submitted with this application.** The application will be approved or denied within ten working days after the receipt of the permit application and fee. Payment shall be made by check or money order. Cash will not be accepted.

**Aboveground Storage Tank Facilities Must Comply with All State and Local Codes.**

All installations shall be done in accordance with NFPA 30, NFPA 30A, and/or other applicable codes and amendments. Installation inspection requests shall be made at least **72 hours** in advance of the desired installation date to facilitate the inspector's availability. Inspections will be scheduled in the order that requests are received.

**APPLICATION SUBMITTED BY:**

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*(PRINT NAME)*

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*(SIGNATURE)*