

APPLICATION

Underground and Aboveground Petroleum Tanks or Hazardous Substance Tanks

REV. 10/25



Bureau of Fire Prevention
555 S. 10th St., Suite 203, Lincoln, NE 68508
Phone (402) 441-7521

STP / ST Permit Number (OFFICE USE)

ALL fields are required to be completed. If fields are left blank, the application may be DELAYED.

Please select the type of tank this application applies to:

- ☐ Underground Petroleum / Hazardous Substance Tank(s) QTY? _____ Temporary? (<4 months) ☐ YES ☐ NO
☐ Aboveground Petroleum / Hazardous Substance Tank(s) QTY? _____ Temporary? (<4 months) ☐ YES ☐ NO

Please indicate the scope covered under this permit:

- ☐ New Site
☐ New Tank(s)
☐ Product Line Only (select one of the following)
☐ Replacement (10% or more; OR 10 ft.) ☐ Adding New Piping to Existing

INSTALLATION SITE INFORMATION

Facility Name: _____ Proposed Installation Date: _____

Address (street/city/state/zip): _____

Facility type and intended use of the TANK(S): (select all that apply)

- ☐ Retail Marketing ☐ Aircraft Refueling ☐ Farm ☐ Commercial ☐ Bulk
☐ Generator ☐ Government ☐ Heating Oil ☐ Pump Irrigation ☐ Other: _____

Indicate all that applies to the TANK(S): (select all that apply)

- ☐ UL142 ☐ Fire-Resistant UL2080 ☐ Fire Protected UL2085 ☐ Field Constructed / API 650

Indicate the TANK(S) installation method:

- ☐ PEI RP 100 ☐ API 1615 ☐ Manufacturer's Instructions ☐ Other: _____

Indicate the TANK(S) anchoring method:

- ☐ Deadman ☐ Overburden ☐ Both ☐ None

Indicate the release detection for the TANK(S):

- ☐ Ground Water Monitoring ☐ Tightness Testing (Daily Inventory Control) ☐ Automatic Tank Gauging
☐ Interstitial Monitoring (required) ☐ Soil Vapor Monitoring ☐ Manual Tank

Indicate the Brand / Model / Test Method: _____

Indicate the brand of the TANK(S):

- ☐ Steel with Cathodic Protection ☐ Jacketed - Vinyl ☐ Composite (ACT 100)
☐ FRP ☐ Jacketed - FRP ☐ Other: _____

Indicate the INTERNAL corrosion protection for the TANK(S):

- ☐ Internal Lining ☐ Unknown ☐ None

Indicate the EXTERNAL corrosion protection for the TANK(S):

- ☐ Impressed Current Cathodic Protection ☐ Galvanic/Sacrificial Cathodic Protection ☐ Fiberglass/Epoxy Resin Control ☐ None

Type of Impoundment:

- ☐ Impoundment by Diking ☐ Containment Tank System / Double Wall ☐ Remote Impoundment

Indicate all that applies to the PIPING:

- ☐ Aboveground ☐ Single Walled ☐ FRP ☐ Coated Steel w/ Cathodic Protection
☐ Underground ☐ Double Walled ☐ Flexible Plastic ☐ Other Material: _____

Is this facility unattended at any time (day or night)? ☐ YES ☐ NO

Any known, previously installed aboveground / underground tanks onsite? ☐ YES ☐ NO; If YES, indicate the SFM facility ID # _____

Type of Overfill Control (if required): _____

Backfill material used (if FRP, attach current sieve analysis)? _____ Will an alt. backfill method be used? ☐ YES ☐ NO

TANK NUMBER	#001	#002	#003	#004	#005	#006
CAPACITY (gallons)						
Substances to be Stored UL, Pr, E-10, E-95, #1 Diesel, #2 Diesel, Dyed Diesel, Soy Diesel, E- Diesel, #1HO, #2HO, Kerosene, Waste Oil, New Oil, Other (specify)						
Will the tank be connected to a stationary combustion engine? (generator, water pump, etc...)	YES	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO	NO
Is the tank NEW or USED?	NEW	NEW	NEW	NEW	NEW	NEW
	USED	USED	USED	USED	USED	USED
Will the tank(s) be located inside the building?	YES	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO	NO
Indicate the Secondary Containment	Double Walled	Double Walled	Double Walled	Double Walled	Double Walled	Double Walled
	Excavation Liner	Excavation Liner	Excavation Liner	Excavation Liner	Excavation Liner	Excavation Liner
Indicate the Overfill Prevention Method	High Level Alarm	High Level Alarm	High Level Alarm	High Level Alarm	High Level Alarm	High Level Alarm
	Drop Tube Stuff Off	Drop Tube Stuff Off	Drop Tube Stuff Off	Drop Tube Stuff Off	Drop Tube Stuff Off	Drop Tube Stuff Off
Will the dispenser utilize a card-trol or a key-trol system?	YES	YES	YES	YES	YES	YES
	NO	NO	NO	NO	NO	NO

Specify the BRAND and associated tank # (from above):

- ☐ Steel with Cathodic Protection (_____) ☐ Jacketed - Vinyl (_____) ☐ Composite - ACT 100 (_____) ☐ FRP (_____) ☐ Jacketed - FRP (_____) ☐ Other: _____

SCHEDULE OF FEES

PERMIT FEE			FEES DUE
Aboveground / Underground Tanks	\$100.00 per tank	QTY?	\$
Replacement Product Line	\$50.00 per line		
NOTE: If this permit is for a TEMPORARY tank (4-month max), there are NO fees affiliated with the permit.			
TOTAL FEE			\$

It is agreed that all codes, regulations, and ordinances of the City of Lincoln, now in effect, will be complied with. Installation inspection requests shall be made at least 24 HOURS in advance of the desired installation. ANY Electrical works shall obtain a separate electrical permit with the City of Lincoln.

HARDCOPY SUBMITTAL - Please submit this application, (2) copies of the required documents (stated below), and the associated fees at the time of permit submittal.

ELECTRONIC SUBMITTAL - Please email this application to FirePermits@lincoln.ne.gov. Once the Bureau of Fire Prevention processes this application, the applicant will be notified (via email) to pay the associated fees and to UPLOAD all necessary documents into [Citizens Access](#) under the permit number.

INSTALLATION CONTRACTOR INFORMATION

Name: _____ Cert. #: _____ Expiration Date: _____

Company Name: _____ Cert. #: _____ Expiration Date: _____

Company Address (street/city/state/zip): _____

Phone Number: _____ Email Address: _____

INSTALLATION CONTRACTOR SIGNATURE: _____

OWNER / OPERATOR INFORMATION

Name: _____ Date: _____

Address (street/city/state/zip): _____

Phone Number: _____ Email Address: _____

OWNER / OPERATOR SIGNATURE: _____ Date: _____

Please **ATTACH** an (aerial) site plan that indicates the tank / piping location and setback distances to all nearby buildings, streets, property lines, & location of dispensers.