

## Tank and Pipe Installation/Removal Permit Application

				Office use only						
			Permit no.							
Site address						Date				
Tenant/building name		Suite/unit no.								
Applicant is	☐ Architect/engin	neer   Contract	Condominium no.							
		Prope	rty owne	r						
Name						Phone				
Address			City			State	Zip			
Contractor										
Name					License no.					
Address		City		State	Zip					
Contact person	Phone			Cell phone		Cell phone				
		Archite	ct/engine	er						
Name						Registration no.				
Address			City			State	Zip			
Contact person	Phone				Cell phone					
Check only one.	□ 1 New	Class	of work		Additio	n				
oncek only one.	☐ 3 Alteration/remodel			<ul><li>□ 2 Addition</li><li>□ 4 Maintenance/repair/replace</li></ul>						
		Type of	f structur	'e						
Check only one.	☐ 01 Single-family residential			□ 45	Recreational, amusement					
	☐ 02 Single-fan	gle family	□ 46	☐ 46 Other non-housekeeping shelter						
	☐ 03 Residential garage				☐ 65 Industrial buildings					
	☐ 30 Two-family residential				☐ 70 Public works and utilities building					
	☐ 31 Three-four family residential			□ 80	30 Public schools					
	☐ 32 Multiple-family residential			□ 81	81 Private schools					
	☐ 40 Offices, banks, professional			□ 85	Churc	rches and religious buildings				
	☐ 41 Stores, restaurants, warehouse			□ 88	Hospi	itals and institutional buildings				
	☐ 42 Hotels, motels				Other	er non-residential building				
	☐ 43 Parking garage				Fence	ces, signs, antennas				
	☐ 44 Service st	rage	□ 96	Other	non-building	structures				

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Project details					Fee					
					Job cost.	\$				
Job valuation \$  Estimated completion date				В.	Permit fee. 2% of A or \$40, whichever is greater.	\$				
Description of wor	k to be done			C.	Surcharge. Choose one.					
					<b>B</b> is \$1,000 or less (50¢)	·				
		<del></del>		<del></del>	<b>B</b> is more than \$1,000 (.0005 X	(A) \$				
					Plan check fee. 10% of B when A exceeds \$50,000	\$				
				To	tal fee (B + C + D)	\$				
		Fill in	n the approp	oriate blanks in	the table below.					
Tank description		Quantity	Size	Fuel type	MN ID number	Piping				
Above ground	Steel					☐ Yes ☐ No				
	Fiberglass					☐ Yes ☐ No				
	Other					☐ Yes ☐ No				
Below ground	Steel					☐ Yes ☐ No				
	Fiberglass					☐ Yes ☐ No				
	Other					☐ Yes ☐ No				
Permanent propane storage	Steel					☐ Yes ☐ No				
	Other					☐ Yes ☐ No				
Propane vaporizers						☐ Yes ☐ No				
Temporary units						☐ Yes ☐ No				
			Plea	se read and	sign					
work will be in Codes; that I un the work will be	conformance derstand this in accordanc of a tank will	with the ord is not a perme with the aprequire the a	linances and nit but only a oproved plar applicant to	d codes of the n application for n in the case of	e information above is complete a City of Bloomington and with the r a permit and work is not to start all work which requires review ar registration and state license (who	e Minnesota Building without a permit; that nd approval of plans.				
Applicant's printed name				Applicant	t's signature	 Date				
			Do not	write below	this line					
Conditions of issua	ance									
Fee information										
Other fees?				Amount \$_						
	Yes □ No									
Number of addition	nal inspectior	ns:								
Permit approved b										
Reference no										