

Copper Canyon Fire and Medical District

26 W. Salt Mine Rd.
P.O. BOX 386 • CAMP VERDE, AZ 86322-0386
BUSINESS 567-9401 • EMERGENCY 567-4123 OR 911

ABOVE GROUND STORAGE TANK PERMIT

A site plan drawn to scale must be submitted for each tank(s). Plan must indicate distance to lot lines and nearby buildings.

Tank Site Location

Building or Site Name _____	
Address _____	
City _____	Zip Code _____

Owner Information

Name _____	Phone Number: _____
Address _____	
Town or City _____	Zip Code _____

Tank Information

Number of tanks _____	Type: LP <input type="checkbox"/>	Fuel Oil <input type="checkbox"/>	Gasoline <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other <input type="checkbox"/>
Type of tank: Aboveground <input type="checkbox"/>	Underground <input type="checkbox"/>	Single Wall <input type="checkbox"/>	Double Wall <input type="checkbox"/>		
Tank use: Temporary <input type="checkbox"/>	Permanent <input type="checkbox"/>	Bulk Storage <input type="checkbox"/>	Dispensing <input type="checkbox"/>		
Size of tank (water capacity) _____					
Manufacturer of tank _____			Serial Number _____		
Distance of tank from nearest important building _____					
Distance from property line _____			Distance between other tanks _____		

Contractor / Applicant Information – Print or Type Only

Company Name: _____		
Contact Person: _____	Position: _____	
Address: _____		
City: _____	State: Zip: _____	E-mail: _____
Phone Number: _____	Fax: _____	

I hereby certify that the information contained within this application is correct and accurate.

Signature of Applicant: _____ **Date:** _____