



Pasadena Fire Department Hazardous Materials Section

Underground & Aboveground Storage Tank Closure Application

Official Use Only

Permit #: _____

Date: _____

Permit Expires 180 days after date of issue.

CERS ID#: _____

Facility Address: _____

Facility Name: _____

This form must be accompanied by the following additional forms and information:

- Scaled plot plan showing the tank, piping, and other associated equipment, free of extraneous detail, not larger than 11"x17"
- Valid Pasadena Business License
- Valid State Contractors License

Closure Information:

Tanks will be - removed closed in place, if approved

Piping will be - removed closed in place, if approved

Closure Participants:

Contractor

Address _____

Contact _____ Phone _____

License # & Type _____

Consultant

Address _____

Contact _____ Phone: _____

Laboratory

Address _____

Contact _____

Certification # _____

Tank Certification

Address _____

Contact _____ Phone _____

Certification: I am the owner authorized representative of the owner of the property indicated above. I have reviewed the required information submitted for this application and certify that it is complete, true and accurate.

Applicant's Name & Company (Printed)

Signature

Date