

County of Lee
Department of Building Inspection

Application for Removal, Installation or Closure of U.S.T or Above Ground Storage Tank

Owner's Name: _____

Mailing Address: _____

Phone #: _____

Address of Project: _____

Location of Project: _____

Contractor: _____

Contractor's Address: _____

Contractor's License #: _____

Work Performed _____

Quantity of Tanks: _____

Estimated Cost: _____

Application is hereby made for an underground storage or above ground storage tank permit in accordance with the description and for the purpose herein set forth. This application is made subject to all County and/or Town, State Laws, Ordinance, Rules and Regulations now in force, affecting or relating thereto and which shall be agreed to by the undersigned applicant and which shall be deemed a condition entering into the exercise of the permit.

Applicant's Signature: _____

Date: _____

**Required to contact Department of Environmental Quality
before installing, removing or closure of Underground Storage or
Above Ground Storage Tanks.**