



**HEALDSBURG/SEBASTOPOL  
UNIFIED PROGRAM AGENCY**  
601 HEALDSBURG AVE  
HEALDSBURG, CA 95448  
PHONE 431-3360 \* FAX 431-3146



**APPLICATION TO MODIFY/REPAIR UNDERGROUND STORAGE TANK(S)**

FACILITY: \_\_\_\_\_  
(NAME & LOCATION)

OWNER/OPERATOR: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**TANKS TO BE MODIFIED**

TANK 1 SIZE/CONST: \_\_\_\_\_ TANK 2 SIZE/CONST: \_\_\_\_\_

TANK 3 SIZE/CONST: \_\_\_\_\_ TANK 4 SIZE/CONST: \_\_\_\_\_

TANK 5 SIZE/CONST: \_\_\_\_\_ TANK 6 SIZE/CONST: \_\_\_\_\_

***PROVIDE COPIES OF APPLICABLE CONTRACTORS LICENSE, FACILITY PLOT PLAN, & CUT SHEETS. IDENTIFY ALL BOUNDARIES, WELLS AND LOCATIONS OF TANKS. A SITE SAFETY PLAN MUST BE SUBMITTED TO AND APPROVED BY THE PROGRAM MANAGER PRIOR TO THE COMMENCEMENT OF WORK. FOR TANK LINING, REFER TO THE ATTACHED CHECKLIST FOR ADDITIONAL PERMIT REQUIREMENTS.***

SUMMARIZE MODIFICATIONS TO TAKE PLACE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE(S) OF TANK ALTERATION/MODIFICATION: \_\_\_\_\_

DATE: \_\_\_\_\_ (SIGNATURE-OWNER/AGENT) \_\_\_\_\_

(NAME PRINTED) \_\_\_\_\_

**Note: Existing Underground Storage Tank Systems that are upgraded may be subject to the requirements for Enhance Leak Detection as found in H&S 25290.1(j)**

PLEASE SUBMIT COMPLETED APPLICATION TO THE FIRE DEPARTMENT WITH APPLICABLE FEE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. PERMIT SHALL BE MAILED TO RESPONSIBLE OWNER/AGENT UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE. UNDER NO CIRCUMSTANCES WILL WORK COMMENCE PRIOR TO ISSUANCE OF PERMIT. FAILURE TO MEET CONDITIONS OF PERMIT IS CAUSE FOR REVOCATION.