

APPLICATION FOR OIL TANK PERMIT  
BUILDING DEPARTMENT – TOWN OF SOMERS

Application is hereby made to the Building Inspector of the Town of Somers, New York for the approval of the installation of an oil tank following the Code of the State of New York, and any and all amendments thereto. Work to be performed at:

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Street \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Applicant's Signature: (Homeowner)  
\_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING WORK IS TO BE DONE

Install New Oil Tank (\$50.00): \_\_\_\_\_ Date : \_\_\_\_\_

Inspection Completed: \_\_\_\_\_

Letter of Compliance Issued: \_\_\_\_\_

Remove Oil Tank (\$50.00): \_\_\_\_\_ Date Completed: \_\_\_\_\_

Letter from the Removal Company is required stating that extraction or dismantling was done according to the Code of the State of New York

I hereby agree to conform strictly to all regulations for oil tank removal and installation adopted by the State of New York, and any and all amendments thereto. I further agree to give notice when work is ready for inspection. **All oil tank installations being placed outside will require an environmental determination prior to filing application. Please contact the Planning/Engineering Department for this documentation. Call (914) 277-5582 to schedule inspections.**

**ALL ABOVE GROUND OIL TANK INSTALLATIONS MUST BE PLACED ON A ONE (1) PIECE CEMENT SLAB 2" TO 4" THICK AND 18" x 24" SQUARE AS A MINIMUM.**

***\*\*\*The Plumbing Inspector to be present for an air test and soap test prior to oil delivery.\*\*\*  
3 – 5 lb. of air pressure test is required on any size oil tank.***

*\* A copy of your Westchester County License and Insurance Certificate(s) with the Town of Somers named as the Certificate Holder are required for this permit to be processed.*

\_\_\_\_\_  
Company Representative  
I agree to the above conditions

\_\_\_\_\_  
Master Plumber/Environmental Entity\*

FEE RECEIVED \_\_\_\_\_

\_\_\_\_\_  
License No.

DATE RECEIVED: \_\_\_\_\_

\_\_\_\_\_  
Address  
\_\_\_\_\_  
Phone #