

Cartersville Fire Prevention Division
195 Cassville Road Cartersville, GA 30120
(770) 387-5635
ABOVEGROUND TANK PERMIT APPLICATION

(Office Use)	DATE: _____
APPROVAL: _____	

FEE: \$100/tank made payable to City of Cartersville

PROPERTY OWNER _____ PHONE _____

ADDRESS _____

FACILITY NAME _____ PHONE _____

FACILITY ADDRESS _____ TYPE OF BUSINESS _____

OPERATOR/TENANT _____ PHONE _____

ADDRESS (IF DIFFERENT FROM ABOVE) _____

24-HR EMERGENCY CONTACT PERSON _____ PHONE _____

TOTAL NO. OF EXISTING TANKS (ABOVE GROUND) _____ TOTAL CAP. OF EXISTING TANKS (ABOVE GROUND) _____

NEW TANK INSTALLATION INFORMATION:

INSTALLATION CONTRACTOR _____ PHONE _____

ADDRESS _____

TANK(S) UL NO.	#1 _____	#2 _____	#3 _____	#4 _____
TANK CAPACITY	#1 _____	#2 _____	#3 _____	#4 _____
COMMODITY NAME	#1 _____	#2 _____	#3 _____	#4 _____
CAS NO.	#1 _____	#2 _____	#3 _____	#4 _____
TANK MFG.	#1 _____	#2 _____	#3 _____	#4 _____
YEAR OF MFG.	#1 _____	#2 _____	#3 _____	#4 _____
THICKNESS OF PRIMARY TANK	#1 _____	#2 _____	#3 _____	#4 _____
TANK CONST. MATERIAL	#1 _____	#2 _____	#3 _____	#4 _____
TYPE OF TANK LINING	#1 _____	#2 _____	#3 _____	#4 _____
TYPE OF OUTER TANK COAT	#1 _____	#2 _____	#3 _____	#4 _____

SINGLE WALL TANK () DOUBLE WALL TANK () POWER SOURCE _____

TYPE OF SECONDARY CONTAINMENT _____