



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

STORAGE TANK PERMIT APPLICATION
(UNDERGROUND/ABOVE GROUND)

Version 2020_0625

Master Permit # **BLD** _____
 Zoning # _____
 Project Name _____

Staff Use Only			
Approved By:		Permit # UGS	
Date Approved:		IVR 6 Digit PIN #	
Use Group:	Type Const:	Date Issued:	Issued By:
VCC-IBC __ VEBC-IEBC __ VRC-IRC __	Code Year:	Work Code:	

LOCATION OF PROPERTY

Subdivision _____ Section _____ Block _____ Landbay _____ Phase _____ Lot _____
 Property Address _____
 Name of Property Owner _____ Phone # _____

APPLICANT: CHECK BOX TO IDENTIFY PERMIT HOLDER

**** All Contacts must have a Registered [ePortal](#) account to be added to the Permit****

Owner/Lessee _____ Email Address _____
 Contractor _____ Address _____
 Phone # _____ Email Address _____
 State Registration # _____ Class _____ Prince William County License # _____
 Master Name _____ Cert # _____ Home Improvement Contractor's License # _____

TYPE OF CONSTRUCTION: Residential Comm/Office Comm/Mercantile Industrial Public/Institutional Other _____
 TYPE OF IMPROVEMENT: New Addition Alteration/Repair Closure Piping Only
 TYPE OF CLOSURE: Removal In Place Temporary
 TANK TYPE: Composite Double Wall Fiberglass Single Wall Steel w/Containment
 PRODUCT PIPING TYPE: Double Wall Fiberglass Single Wall Steel Other _____
 STAGE II VAPOR PIPING: Double Wall Fiberglass Single Wall Steel Other _____
 PRODUCT USE: On Premise Use Re-Sale Storage for Distribution
 DETECTION TYPE: Interstitial Monitoring Well Other _____
 TYPE OF WATER SUPPLY: Public Private
 TYPE OF SEWER DISP: Public Private

VALUE OF WORK OR CONTRACT COST: \$ _____

CAPACITY	SUBSTANCE	AG/UG	DESCRIPTION
TANK 1			
TANK 2			
TANK 3			
TANK 4			

I HEREBY CERTIFY THAT I HAVE THE AUTHORITY TO MAKE THE FOREGOING APPLICATION, THAT THE INFORMATION GIVEN IS CORRECT, AND THAT ALL CONSTRUCTION WILL COMPLY WITH THE VIRGINIA UNIFORM STATEWIDE BUILDING CODE AND APPLICABLE ORDINANCES. THE PERMIT HOLDER IS THE RESPONSIBLE PARTY FOR COMPLIANCE WITH THE VUSBC AND OTHER ORDINANCES.

PRINT NAME _____
 OWNER CONTRACTOR AUTHORIZED AGENT
 TELEPHONE NUMBER _____
 DATE _____
 SIGNATURE _____

By checking this box, I agree to electronically signing this form.

Staff Use Only	
Filing Fee Paid \$	Rcpt. #
Permit Fee \$	
Resubmission Fee \$	
Remaining Fee Due \$	Rcpt. #

THIS PERMIT DOES NOT INCLUDE ELECTRICAL, GAS, MECHANICAL OR PLUMBING INSTALLATIONS.