



Fuel Tank Removal Permit Application

Planning & Development Services · 1800 Continental Place · Mount Vernon WA 98273
voice 360-416-1320 · inspections 360-416-1330 · www.skagitcounty.net/planning

Permit #:
Received by:

A permit from Skagit County is required prior to the removal or abandonment-in-place of an underground fuel tank.¹ Other requirements apply when a septic tank is taken out of service, or when a structure with a septic tank connects to a public sewer system.

Project Information

Site Address	City	Zip
Parcel No(s)		

Required Attachments

- Contact Information & Signature Form

Fuel Tank Removal

Is there an **underground fuel tank** present on the property?

- No.
- Yes, but it is in continuous use by a structure that will not be demolished.
- Yes, and its use will be discontinued, and the tank will be removed or abandoned in place.
 - Identify last known product in tank: _____
 - Attach a site plan showing location and size of tank on the property and proximity to structures.

Important Notes

- **Call the Fire Marshal** (360-416-1845) to schedule an inspection **at least one business day prior** to tank removal. The Fire Marshal must witness removal of the tank.
- Abandonment or removal of an underground fuel tank in place can only be done by a licensed contractor with International Fire Code Institution (IFCI) certification as a tank decommissioner.
- Notice to, and permits from, the Department of Ecology may be required for any underground storage tank OTHER than heating oil and farm or residential motor fuel tanks less than 1100 gallons.² See www.ecy.wa.gov/programs/tcp/ust-lust/tanks.html

¹ Required by IBC 101.2, 104.2, 105.1, 114.1.

² WAC 173-360-110



Contact Information & Signature Form

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Attach this form to a permit application that requires it. A permit application will not be accepted without this form.

By signing this form, the undersigned certifies that the statements, answers, and information both on this form and the remainder of this permit application are true and correct to the best of his or her knowledge and belief.

Applicant/Contact

Name _____ Mailing Address _____
 City, State _____ Zip _____ Phone _____
 Email _____

Property Owner

Same as applicant Multiple owners (attach additional page)

Name _____ Mailing Address _____
 City, State _____ Zip _____ Phone _____
 Email _____

Contractor

None Same as applicant Same as property owner

Name _____ Mailing Address _____
 City, State _____ Zip _____ Phone _____
 Email _____ License # _____ Expires _____

Financing¹

None Lender below is providing construction financing Firm below has issued payment bond

Name _____ Mailing Address _____
 City, State _____ Zip _____ Phone _____

Signature

- I am the owner of the subject property and I grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application; OR
- I have the consent of the owners of the subject property and have attached Agent Authorization Form(s) (SCC 14.06.090); OR
- This is a mechanical/plumbing permit; ownership certification is not required.

Signature(s): _____ Date: _____
 Printed Name: _____
 Title: _____
 Company: _____

¹ Required by RCW 19.27.095(2)(d).



Agent Authorization Form

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Use this form to authorize someone other than the property owner to apply for permits for the subject property.

Project Site

Property Address: _____

City, State, Zip: _____

Authorization Statement

I/we, as the owners of the property identified above, authorize _____ to act as agent to submit applications, receive correspondence regarding the application, and sign title notices on my behalf.

I/we grant permission to field staff to enter the site to verify the presence or absence of critical areas and perform inspections of work proposed by this application.

Property Owner Signature(s)

Signature: _____

Printed Name: _____

Title: _____

Company: _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

Company: _____

Date: _____

Notarization

I certify that I know or have satisfactory evidence that _____ is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____

(Notary seal or stamp above)

Signature of Notary Public

Printed Name of Notary Public

My appointment expires _____