



Sioux Falls Fire Rescue
Fire Prevention Division
Tank Removal Permit Application

Permit No. _____ App. Date _____
 Receipt No. _____ Issue Date: _____
 Fee: \$ _____ Approved By: Frank Ataiyan

Work Location

Owner/Business: _____
 Address: _____
 Sioux Falls, SD _____
 Phone No.: _____

Tank Owner

Name: _____
 Address: _____
 ZIP _____
 Phone No.: _____

Environmental Contractor

Name: _____
 Address: _____
 ZIP _____
 Phone No.: _____

PLEASE PRINT NEATLY

Building / Facility Type

- Manufacturing Warehouse
 Commercial Private Use
 Retail Institutional
 Generator Others (specify) _____

General Contractor

Business Name: _____
 Address: _____
 ZIP _____
 Phone No.: _____

Excavator

Business Name: _____
 Address: _____
 ZIP _____
 Phone No.: _____

General Information

Reason for Removing Tank(s): _____
 Where will the tank be disposed of: _____
 Are Tanks to be cleaned or inerted before leaving the ground? _____

Tanks Being Removed	Size	Content	Approximate Age
1			
2			
3			

Notification

As required by Chapter 74:56:05 of the Administrative Rules of South Dakota, the tank owner shall provide written notification to the SD Ground Water Quality Program 523 E Capitol, Pierre, SD 57501 (WWW.state.sd.us/DENR)

A minimum of two sets of drawings shall be submitted with each permit application for review. Drawings shall include scaled site plan, location of the tank(s) being removed, location of all existing buildings and structures within the property, and all streets and access ways.

The applicant will receive one stamped copy of the approved plans. Additional submitted sets will not be stamped. **NO WORK SHALL COMMENCE WITHOUT AN APPROVED SET OF PLANS AND A VALID PERMIT ISSUED BY FIRE PREVENTION DIVISION.**

Applicant

I, the undersigned, do hereby affirm that the statements contained on this form are true and correct. I further agree to comply with the provisions of applicable ordinances of the City of Sioux Falls, and the approved plans and specifications submitted with this application.

In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved design plan.

Signature: _____

Name (print): _____

Fee Calculation Schedule Tank Removal

Description	Number of Each	Unit Fee	Sub Total
1. No. of Storage Tanks		\$35.00	\$
2. Initial Review of Site Assessment (Also see note below)		\$30.00	\$
3. Total lines 1 and 2			\$
4. Minimum Fee			\$75.00
5. Permit Fee (greater of line 3 or 4)			\$
6. Expedited Plan Check Review Fee (50% of line 5)	<input type="checkbox"/> YES		\$
7. Grand total			\$

Review of Pre-Site Assessment (when required)

If a site assessment is not done prior to tank removal and one is found to be necessary, costs incurred by the Fire Prevention Inspection shall be billed directly to tank owner at the rate of \$35/hour. Number of inspection hours shall include time spent on site during the observation of sampling/field testing and review/acceptance of all proposed corrective action plans.