

City of Coon Rapids
**Underground Storage Tank Install/Removal
Permit Application**

Tank Site Information
Permit fee: \$206.00 (per tank)

Business Name: _____

Location Address: _____
Street Address *Zip Code*

Contact Name: _____ **Phone #:** _____

Contractor

Contact Name: _____ **email:** _____

Address: _____
Number & Street Name *City* *State* *Zip*

Phone: _____ **Cell:** _____

Description of Work

Application for tank removal must include the following information.
If not applicable please indicate by using N/A.
Incomplete information may result in the application/plans being returned.

Describe vapor removal method: _____

Name of environmental company used for soil testing: _____

Disposal site for tank(s): _____

Disposal site for sludge/product: _____

Contaminated soil disposal site: _____

TANK 1

TANK 2

TANK 3

TANK 4

CAPACITY: _____

PRODUCT: _____

AGE OF TANK: _____

Applicant's Printed Name _____

Applicant's Signature _____ **Date:** _____