



*Gilford Fire-Rescue*

**(603) 527-4758**

**UNDER GROUND STORAGE TANK INSTALLATION**

Street Number: \_\_\_\_\_ Street: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Type of Occupancy: \_\_\_\_\_ Stories: \_\_\_\_\_

Installer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Equipment to be removed: \_\_\_\_\_

\_\_\_\_\_  
Installer's Name

\_\_\_\_\_  
Signature of Applicant

Today's Date: \_\_\_\_\_

Fire Department Use

**System Type:** \_\_\_\_\_ **Fee \$** 75.00 **Check #** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date Notified DPLU:** \_\_\_\_\_

Date/Time:

Inspector/Disposition

\_\_\_\_\_ Plans Review

\_\_\_\_\_

\_\_\_\_\_ 1<sup>st</sup> Site Inspection

\_\_\_\_\_

\_\_\_\_\_ 2<sup>nd</sup> Site Inspection

\_\_\_\_\_

**Final Inspection Passed:** Inspector: \_\_\_\_\_ Date: \_\_\_\_\_