



**COUNTY OF SAN DIEGO CUPA**  
**DEPARTMENT OF ENVIRONMENTAL HEALTH – HAZARDOUS MATERIALS DIVISION**  
 P.O. Box 129261, San Diego, CA 92112-9261  
 (858) 505-6880 FAX (858) 505-6786  
<http://www.sdcdeh.org>

**OFFICE USE ONLY**  
 Unified Program Facility  
 Permit # \_\_\_\_\_  
 Plan Check Permit # \_\_\_\_\_

**PART I - UNDERGROUND STORAGE TANK PLAN CHECK PERMIT APPLICATION**

**GENERAL INFORMATION**

**FACILITY NAME:** \_\_\_\_\_ **APN:** \_\_\_\_\_

**FACILITY ADDRESS:** \_\_\_\_\_  
Street Number Street Name City Zip Code

**TANK OWNER**

**TANK OPERATOR**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

**CONTRACTOR INFORMATION**

Contractor Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ License #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Haz removal certificate #: \_\_\_\_\_ Worker Comp. Insurance Co.: \_\_\_\_\_ ICC Installers Certification: \_\_\_\_\_

**SCOPE OF WORK (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>TANK INSTALLATION</b><br><input type="checkbox"/> New Tank Installation Only<br><input type="checkbox"/> Tank(s) Replacement (remove and install)<br><br><input type="checkbox"/> <b>TANK CLOSURE ONLY</b><br>Comments: _____ | <input type="checkbox"/> <b>TANK SYSTEM UPGRADE</b><br><input type="checkbox"/> Installation of Dispenser Containment<br><input type="checkbox"/> Installation of Double-wall Piping<br><input type="checkbox"/> Installation of Turbine/Fill Sump | <input type="checkbox"/> <b>TANK SYSTEM MODIFICATION/REPAIR</b><br><input type="checkbox"/> Install Electronic in-line Leak Detector<br><input type="checkbox"/> Install New Monitoring System or component<br><input type="checkbox"/> Piping Repair/Modification <input type="checkbox"/> Replace Turbine Pump<br><input type="checkbox"/> Secondary Containment Repair<br><input type="checkbox"/> Repair sump(s): How many? _____<br><input type="checkbox"/> Repair Under Dispenser Containment: How many? _____<br><input type="checkbox"/> Other: _____ |
|---|--|--|

Activity Code	NEW UST CONSTRUCTION (COMPLETE APPLICATION PART II: HM-9312)	Fees
428T21	Installation fee for first tank (also applies to tank repairs, interior lining & bladder installations)	\$2165.00
	Each additional tank	No. of tank(s) _____ x \$549.00
<b>UST CLOSURE (COMPLETE APPLICATION PART III: HM-9313)</b>		
428T23	Closure fee for first tank	\$1545.00
	Each additional tank	No. of tanks(s) _____ x \$390.00
<b>UPGRADE / REPAIR (COMPLETE APPLICATION PART IV: HM-9314)</b>		
428T29	Upgrade /Repair – 1 inspection	\$1501.00
428T24	Upgrade /Repair – 2 inspections	\$2165.00
<b>MISCELLANEOUS ACTIVITIES</b>		
	Additional inspection(s)/Re-inspection: _____	x \$722.00
	Plan Re-Review/Extension	\$159.00
	Consultation Fee (minimum 2 hours)	No. of hours _____ x \$153.00
	Investigative Fee <input type="checkbox"/> Other _____	\$
<b>TOTAL FEE</b>		

**PERMITS REQUIRED BY OTHER AGENCIES:**  FIRE DEPT  APCD  BUILDING DEPT  OTHER

Provide copies of approved applications from these departments and others if permits are needed. Submit one (1) original and two (2) copies of this application package, including plan drawings with the required fee. **Make checks payable to the County of San Diego.**

A permit will be issued by DEH upon review and approval of the application and plans. Applicable fees must be submitted with the application package. Additional information to that presented in the application package may be needed in order to obtain final approval. No work is to begin on the proposed project until a permit has been issued.

**OFFICE USE:** DATE RECEIVED: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK NO. \_\_\_\_\_ PLAN APPROVED: \_\_\_\_\_