



**State of Ohio—Department of Commerce**  
 Division of State Fire Marshal—Bureau of Testing & Registration  
 P.O. Box 529, Reynoldsburg, Ohio 43068  
 Phone (614) 752-7126 Fax (614) 995-4206  
 TTY/TDD 800-750-0750 [www.com.ohio.gov](http://www.com.ohio.gov)

**Delegated Permit for Underground Storage Tanks**

Owner # (if available):		Fire Department Name:			
Facility # (if available):		Date of Issuance of Permit:			
<b>Instructions:</b> Fire departments granted delegation of authority pursuant to Chapter 1301:7-9-15 of the Administrative Code shall issue a 'Delegated Permit for Underground Storage Tanks' for all work performed on underground storage tanks (USTs) requiring a permit pursuant to Chapter 1301:7-9-10 of the Administrative Code. A copy of the permit and all inspection reports shall be sent by the delegated fire department to the Bureau of Testing and Registration within thirty days of the final inspection.					
<b>1) Ownership of Tanks</b>			<b>2) Facility Information</b>		
Owner Name:			Facility Name:		
Address:			Address:		
City:			City:		
State / Postal Code:			State / Postal Code:		
Contact Person:			County:		
Contact Phone:			Facility Phone:		
<b>3) Contractor Information (if available)</b>			<b>4) Local Fire Department Information</b>		
Contractor Name:			Fire Department Name:		
Address:			Contact Person:		
City:			Contact Phone:		
State / Postal Code:					
Work Phone Number:					
<b>5) System Information</b>	#	#	#	#	#
Tank Capacity	_____	_____	_____	_____	_____
Substance Stored	_____	_____	_____	_____	_____
Date Last Used (or list 'new' or 'in use')	_____	_____	_____	_____	_____
<b>6) Components Undergoing Work</b> (Indicate: T=Tank, P=Piping, S=System, C=Containment, A=Ancillary Equip)	_____	_____	_____	_____	_____
<b>7) Work to be Performed</b>					
Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closure in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Out of Service (Indicate expiration date – it may be no later than 12 months after the date listed in Section 5 above)	_____	_____	_____	_____	_____
Renewal of Out of Service (Indicate expiration date for the extension)	_____	_____	_____	_____	_____
Conditions:					