

APPLICATION FOR RESIDENTIAL ABANDONMENT/REMOVAL OF FUEL STORAGE

				Check one:	of storage tank system
				☐ Abandonment of storage tank system☐ Removal of storage tank system	
Owner of storage tank sy	stem				
Property owner's name					
Mailing address			Town/city Postal code		Postal code
Phone			Email		
Site location of storage to	ank system				
Street address					
Landadura					
Legal address					
LOT#		BLOCK	PLAN#		
Who owns the property wh	_	•			
		☐ Territorial land		: Nation land	
If private land, who is	the owner:				
Proposed start date (work	cannot comm	ence until application fil	ed with	the Building Safe	ety Office)
If known, how long has the	storage tank(s) been located at this site	?		
How long has the storage	tank(s) been ou	t of service?			
Where is the removed tank	(s) going?				
Plans for disposal of tank(s	s) and/or contar	minated soil, if any, must b	e attach	ned:	
Who is conducting the wo	·k?				
I,		certify that I am	the auth	norized that the in	nformation provided on
l, this application and any a	ttachments, is	correct and enclose the	associa	ated fees.	
Signature of applicant)ate		# of attachments
oignature or applicant		L	alt		# OI allacilliells

This information is being collected under the authority of Section 10 of the Storage Tank Regulations pursuant to the *Environment Act.* For further information, contact Building Safety at 867-667-5741 or fax 867-393-6249.