## Garland Health Department Environmental Investigation Division Install/Removal UST Permit Application

This form is provided to assist UST owners/contractors in complying with the construction notification requirements of the City of Garland regulation. Complete all information, sign the permittee section (bottom of page two) and attach all items requested. Please allow 7-10 business days for review – CONSTRUCTION MAY NOT BEGIN PRIOR TO COMPLETION OF THE REVIEW PROCESS AND THE ISSUANCE OF THE PERMIT.

Facility Location Information	4.	<b>UST Consultant Inf</b>	ormation
Facility Name:		Company:	
Address:		Representative:	
County: City:		Address:	
UST Facility No. (If Known):		City: State	: Zip:
Γelephone:			
T. C. 41		TIOTE C. A. T. A.	, , , , , , , , , , , , , , , , , , ,
Owner: Owner:	5.	UST Contractor Inf Company:	ormation
Representative:		Representative:	
Citle:		Address:	
City: State: Zip:		Telephone:	
Telephone:		Telephone.	
Describe all new or replacement tank for UST temporarily out of service of		tach additional informa	uion as appropriai
	r removals. At	tach additional informa	шоп аѕ арргорпа
for UST temporarily out of service o	r removals. At	Date:	

Note: Additional information may be required for sites with groundwater impacted or present in tank hold and for all tank removal permits. All construction must comply with the 2000 edition of the International Fire Code, adopted by reference into Garland Code of Ordinance § 21.01.

OFF 10.	ICE USE Inspector's Name:			
10.	Date Completed:			
11.	Facility/Site Description:			
	Type Facility:Prevailing Land Use:	Facility Status:		
	Nearby Surface Features: (Roads, Creeks, Etc.): _			
	Adjacent Buildings or Structures:			
	Geological/Hydrogeological Features:			
	Site Plans:			
	Removal Site Plans:			
	Detailed Installation Site Plan:			
12.	Remarks:			
CONT	TRACTOR:			
TCEQ	Registration Number:			
Date:		Signature (Permi	ttee)	
		Driver's License Number		
		Date of Birth		
		Street Address		
		City	State	Zin