



Mitchell Department of Public Safety
Fire Prevention Division
Aboveground Tank Permit Application

Permit No. _ App. Date: _
Receipt No. _ Issue Date: _
Fee: \$ _ Approved By: _

Installation Location

Owner/Business: _
Address: _
Mitchell, SD _
Phone No.: _

Installer

Name: _
Address: _
City: _ State: _ Zip: _
Phone No.: _

General

New Replacement
Are other existing tanks on site? Yes No
If yes, how many and type: _

PLEASE PRINT NEATLY

Building / Facility Type

Manufacturing Warehouse
 Commercial Private Use
 Retail Institutional
 Generator Others (specify) _

Description of Work

(Detailed explanation of area and extent of work to be performed)
Design and installation shall be in accordance with current edition of NFPA.

Tanks

	#1	#2	#3	#4
UL Listing and No. (i.e., 142, 2085, etc.)				
Capacity (Gallons)				
Product being Stored				
Cathodic Protection Type				
Type and Model No. of Overfill Protection				
Tank Material and Orientation (Vertical, Horizontal)				
Venting Pipe Size (normal, emergency) Make & Model				
Secondary Containment (Dike, Dbl Wall, Conc. Steel)				

Dispensers

No. of Dispensers: _
Make and Model No.: _

PIPE

Material				
Cathodic Protection				
Coating				
Total LF of Pipe				

Notification

As required by Chapter 74:56:03 of the Administrative Rules of South Dakota, the tank owner shall provide written notification to the SD Ground Water Quality Program 523 E Capitol, Pierre, SD 57501 (www.state.sd.us/DENR).

A minimum of two sets of drawings and one submittal document shall be submitted with each permit application for review. Drawings shall include scaled site plan, dimensioned plans showing tanks' side and top views, and other pertinent details required for a comprehensive review and approval. Submittal documents shall include tank and equipment specifications, UL listing, model, and manufacturer's name.

The applicant will receive one stamped copy of the approved plans. Additional submitted sets will not be stamped. **NO WORK SHALL COMMENCE WITHOUT AN APPROVED SET OF PLANS AND A VALID PERMIT ISSUED BY FIRE PREVENTION DIVISION.**

Applicant

I, the undersigned, do hereby affirm that the statements contained on this form are true and correct. I further agree to comply with the provisions of applicable ordinances of the City of Mitchell and the approved plans and specifications submitted with this application.

In addition, it is understood that the installation of systems shall be made only by persons properly trained and qualified to install the specific system being provided. The installer certifies to this authority that the installation is in complete agreement with the terms of the listing and manufacturer's instructions and/or approved design plan.

Signature: _

Name (print): _

Fee Calculation Schedule

Aboveground Storage Tank Installation

Description	Number of Each	Unit Fee	Sub Total
1. No. of Storage Tanks		\$58.00	\$
2. Total footage of Liquid Containing Pipes		\$1.00	\$
3. Total lines 1 and 2			\$
4. Expedited Plan Check Review Fees (50% of line 3)			\$
5. Grand Total			\$

**Mitchell Department of Public Safety
Fire Prevention Division
201 West 1st Avenue
Mitchell, SD 57301**

605-995-8400