



# Tank Installation Permit

Permit Center  
2664 Riva Road  
Annapolis MD 21401

APPLICANT - Complete all applicable spaces. Four (4) copies of site plan required

Type of Building _____	Date: _____	Fee: _____
Street Address _____	Permit No. _____	
Subdivision _____		
Tenants Name _____	Map Reference No. _____	
Tax Account # _____	Block _____	Parcel No. _____
Building Permit # _____		

<b>O W N E R</b>	Name _____	<b>C O N T R A C T O R</b>	Company Name _____
	Mailing Address _____		Master _____
	City _____ State _____ Zip _____		License # _____
	Telephone _____		Mailing Address _____
			City _____ State _____ Zip _____
	Telephone _____		

Type of Tank:  Gas  Oil  Propane\*  Diesel  Other \_\_\_\_\_

\*Applicant for propane tank installations must hold County Gas Fitter license

Above Ground  Underground No. of Tanks: \_\_\_\_\_ Tank Size \_\_\_\_\_ (gallons)

MDE (ARMA) PTC # Needed:  Yes  No

Describe work to be done: \_\_\_\_\_

I certify and agree as follows: that I am authorized by the owner to make this application; that the information is correct; that I will comply with all the regulations of Anne Arundel County which are applicable hereto; that I will perform no work on the above property not specifically described hereon.

\_\_\_\_\_  
Applicant - or - Master Plumber/Master Gasfitter Signature

\_\_\_\_\_  
Date

Approval subject to the following comments and final field inspection:

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This permit is void six (6) months from the date of issuance unless extended in writing.  
NO WORK MAY BE STARTED UNTIL PERMIT IS ISSUED.