



# TOWN of GREENBURGH

## DEPARTMENT OF BUILDINGS

177 Hillside Avenue, White Plains, New York 10607

(914) 989 - 1560

Fax (914) 993 - 1570

[www.GreenburghNY.com](http://www.GreenburghNY.com)

email: [building@greenburghNY.com](mailto:building@greenburghNY.com)



### FUEL TANK REMOVAL / ABANDONMENT APPLICATION

<b>Fees: \$100/TANK</b> Permit Fee: _____ Total Fee: _____  Payment Form: CK CR MO	~OFFICE USE ONLY~  <b>Permit Number:</b> _____	<b>Submission Date</b>
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#### Required Submission:

- Certificate of Liability Insurance naming the "Town of Greenburgh" as additional insured
- New York State Workers Compensation and Disability Insurance Forms naming "Town of Greenburgh" as "Certificate Holder" or "Entity Requesting Certificate" visit [www.WCB.NY.gov](http://www.WCB.NY.gov) for more information  
ACORD Forms are **NOT** acceptable for Workers Compensation and Disability
- Call **Dig Safely New York 811** or [www.digsafelynewyork.com](http://www.digsafelynewyork.com) prior to any excavation
- Fuel tanks in excess of 1000 gal require Westchester County approval

#### SUBJECT PROPERTY INFORMATION

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parcel ID: \_\_\_\_\_

#### OWNER/LESSEE INFORMATION

Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### CONTRACTOR INFORMATION

Builder's or Contractor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

**I hereby agree to perform all work in accordance with Town, County, State and Federal regulations**

**Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### TANK INFORMATION

Number of Tanks: \_\_\_\_\_ Size of Tank: \_\_\_\_\_ Gal Fuel Oil Type: \_\_\_\_\_

Location of Tanks: \_\_\_\_\_

Removal  Recycling facility where tank is to be disposed: \_\_\_\_\_

OR

Abandonment  Type of fill to be used: \_\_\_\_\_