



# STORAGE TANK REMOVAL PERMIT APPLICATION – FORM 7000

## Grayson County Building Department

P.O. Box 217, Independence, VA 24348

Phone: 276-773-2322 Fax: 276-773-0305

276-236-8149 X 148

Toll Free: 1-800-752-5117

www.graysongovernment.com

<b>Contractor/Applicant Name</b>				
<b>Applicant Address</b>				
<b>Applicant Phone</b>		<b>Email:</b>		
<b>Property Owner Name</b> <i>(if different from above)</i>				
<b>Property Owner Address</b>				
<b>Owner Phone</b>				
<b>Job Site Address</b>		<b>Tax Map #:</b>		
<b>Permit Type</b>	<p><b>This application is for the removal of:</b></p> <p><input type="checkbox"/> Above Ground                      <input type="checkbox"/> Permanent Removal</p> <p><input type="checkbox"/> Underground Tank                      <input type="checkbox"/> Temporary Closure</p> <p><b>Do you have fuel dispensing?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If Yes, are the dispensers being removed? <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>			
<b>Tank Information</b>	<b>Type</b>	<b>Number</b>	<b>Capacity</b>	<b>Contents</b>

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

Date Received: _____	Notes:
Permit #: _____	
Received By: _____	