



Fire Department
Fire & Life Safety
7447 E. Indian School Road
Ste. 125
Scottsdale, AZ 85251

PHONE 480-312-2372
EMAIL rking@scottsdaleaz.gov

APPLICATION FOR TANK INSTALLATION PERMIT

Please remit the following information with a complete set of plans for a tank installation permit.

Site Location:	Business Name: <input type="text"/>		
	Address: <input type="text"/>		
	City: Scottsdale AZ Zip: <input type="text"/>		
Owner:	Business Name: <input type="text"/>		
	Address: <input type="text"/>		
	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
Contractor:	Business Name: <input type="text"/>		
	Address: <input type="text"/>		
	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
	Certification Number: <input type="text"/> Expiration date: <input type="text"/>		
	License Number: <input type="text"/> Type of License: A,B-1,B-2,L-5,L-57 <input type="text"/>		
	Contact Name: <input type="text"/> Phone Number: <input type="text"/>		
Consultant:	Business Name: <input type="text"/>		
	Address: <input type="text"/>		
	City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>		
	Certification Number: <input type="text"/> Expiration date: <input type="text"/>		
	Contact Name: <input type="text"/> Phone Number: <input type="text"/>		
Number of Tank(s):	<input type="text"/>	Size(s): <input type="text"/>	Type: <input type="text"/>
Product Stored:	<input type="text"/>		
A.D.E.Q. Number:	<input type="text"/>		