



# Tank Permit Application

The Village of Oak Park  
123 Madison Street  
Oak Park, Illinois 60302-4272  
www.oak-park.us

708.358.5430  
Fax 708.358.5441  
TTY 708.383.0048  
building@oak-park.us

Building & Property Standards Department

## Address/Owner Information

<hr/>	Unit No.	<hr/>
Project Address		Property Index Number (      )
<hr/>		Property/Building Owner's Phone Number (      )
Property/Building Owner's Name		Property/Building Owner's Cell Phone Number
<hr/>		Property/Building Owner's Email
Property/Building Owner's Mailing Address		

<b>Type of Structure</b> <i>(Check only one)</i> <input type="checkbox"/> Single-Family (detached) <input type="checkbox"/> Commercial <input type="checkbox"/> Single-Family (attached) <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Two-Family <input type="checkbox"/> Public <input type="checkbox"/> Three-Family <input type="checkbox"/> Four-Family <input type="checkbox"/> Five-Family or more	<b>Type of Work</b> <i>(Check all that apply)</i> <input type="checkbox"/> Install/Retrofit <input type="checkbox"/> Tightness Testing <input type="checkbox"/> Decommissioning <input type="checkbox"/> Cathodic Protection Testing <input type="checkbox"/> Relining	<b>Type of Tank</b> <input type="checkbox"/> Above Ground <input type="checkbox"/> Underground
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**Project Description**

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## Supplementary Documentation

- 1) A copy of your current State of Illinois license(s) from the Office of the State Fire Marshall must be on file with the Village of Oak Park Building & Property Standards Department.
- 2) A copy of the permit from the Office of the State Fire Marshall must be provided.

## Contractor Information

<hr/>	<hr/>
Contractor's Company Name	License number of the company

## Applicant Information

I, the undersigned, certify that I have proper authority to apply for this permit and that all the information contained on this application is true and accurate to the best of my knowledge.

<hr/>	<hr/>	<hr/>
Applicant's Signature	Applicant's Printed Name	Date of Application
Applicant is—		
<input type="checkbox"/> Building/Property Owner listed above	<input type="checkbox"/> Owner of Company listed above	<input type="checkbox"/> Employee of Company listed above
<input type="checkbox"/> Other—(describe) _____		

Case Number: TNK	Received by: _____	Received Date: _____	Office Use Only
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