



# SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT

620 South "E" Street • San Bernardino, CA 92415-0153 • (909) 386-8401 • Fax (909) 386-8460

## UNDERGROUND TANK CONSTRUCTION / MODIFICATION APPLICATION

### JOB LOCATION

Facility Name	Owner Representative	Phone No.	E-mail
Site Address		City	Zip Code

### CONTRACTOR

Company Name	Contact Person	Phone No.	E-Mail
Mailing Address		City	Zip Code

### ENGINEER/ARCHITECT

Company Name	Contact Person	Phone No.	E-Mail
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### NATURE OF WORK

All fees listed below are for FY 2023-2024

#### Modification/Repair WITHOUT Excavation (Minor) – 1 Inspection Only (\$526.00)

- Dispenser Upgrade   
 Secondary Containment Repair w/o excavation   
 Overfill   
 Change of Fuel Type w/o excavation  
 Other Minor:

#### Modification/Repair WITH Excavation (Major) – Up to 4 Inspection (\$1974.00)

- Tank Top Upgrade   
 Secondary Containment Repair w/excavation   
 Re-pipe  
 Other Major:

#### Installations – Up to 4 Inspections (\$3922.00)

- New Construction ⇨ # of Tanks: \_\_\_\_\_ Alternative Fuels?  Yes  No  
 Install (addition) ⇨ # of Tanks: \_\_\_\_\_ Alternative Fuels?  Yes  No

#### Removal (1<sup>st</sup> tank = \$605.00 + \$157.00 per each additional tank)

- Removal Only ⇨ # of Tanks Removed: \_\_\_\_\_  
 Removal + Install (Removal fee + \$3922.00) ⇨ # of Tanks Removed: \_\_\_\_\_ # of Tanks Installed: \_\_\_\_\_

#### Special Inspections / Plan Submittals

- Resubmittal (\$368.00)   
 Consultation Fee (\$157.00/hr)   
 Special Inspection (\$157.00/hr)   
 Temporary Closure (\$710.00)  
 After-Hours Inspection (\$604.00 per 1<sup>st</sup> 3hrs + \$201.00 per each additional hr)   
 Failure to Keep Appointment (\$157.00/appt)   
 Cold Start (\$345.00)  
 Exploratory Permit w/excavation ⇨  Initial Permit (\$1974.00)   
 Exploratory Permit w/o excavation ⇨  Initial Permit (\$526.00)  
 Addendum (\$368.00)   
 Addendum (\$368.00)  
 Other:

### ADDITIONAL INFORMATION

- Is this work compliance driven?     No     Yes ⇨ Date of inspection: \_\_\_\_\_  
Is this an As-Built?     No     Yes ⇨ Date Authorized: \_\_\_\_\_    Inspector Name: \_\_\_\_\_

Name of Person Submitting Plans	Phone
Signature	Date

### OFFICE USE ONLY

Facility ID#: FA _____ <input type="checkbox"/> New Facility <input type="checkbox"/> Permitted Facility ⇨ Expiration Date: _____ Permits Current? <input type="checkbox"/> Yes <input type="checkbox"/> No # Regular UST(s): _____ # Complex (VPH) UST(s): _____ Service Request #: SR _____	Log #: _____ <input type="checkbox"/> Rolled Plans Permit Fee Paid: \$ _____    Receipt Number: _____ Check Number: _____    Date Paid: _____ Failure to apply for a permit? <input type="checkbox"/> No <input type="checkbox"/> Yes Work without approved permit? <input type="checkbox"/> No <input type="checkbox"/> Yes Received By: _____
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