



TOWN OF BEDFORD

425 Cherry Street, Bedford Hills, NY 10507 Ph. (914) 666-8040 Fax (914) 666-2026 e-mail: buildinginsp@bedfordny.gov

Application for Oil Tank Removal or Installation Permit Fee: \$75.00

Property Information: Section: _____ Block: _____ Lot: _____ Zone: _____

Property Location: _____

Property Owner: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Telephone: _____

Description of Work:

BUILDING CONSTRUCTION TYPE: _____ OCCUPANCY CLASS: _____

The work shall consist of the following checked items:

- Oil Tank Abandonment: Removal Closure in place
 Oil Tank Installation: New Replacement

Detailed description of proposed work (include a floor or site plan): _____

Number of Tanks	Tank Capacity	Underground	Above Ground	Tank Location

Contractor Information:

License No.: _____ Company Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone No.: _____

The undersigned requests that a permit be issued to perform the work described herein. Such work shall conform with all provisions of the New York State Uniform Fire Prevention and Building Code and referenced standards thereto, and all Westchester County Health Department requirements.

Signature of Licensed Contractor: _____ Date: _____