State of Ohio—Department of Commerce
Division of State Fire Marshal—Bureau of Testing & Registration
P.O. Box 529, Reynoldsburg, Ohio 43068
Phone (614) 752-7126 Fax (614) 995-4206
TTY/TDD 800-750-0750 www.com.ohio.gov

Send Form

Delegated Permit for Underground Storage Tanks

Owner# (if available): _____

Facility # (if available): _____

Fire Department Name: **City of Bryan Fire Department**

Date of Issuance of Permit: _____

I. Ownership of Tanks

Owner/Operator Name

Address

City/State/Postal Code

Owner Contact

Work Phone Number Work Email

II. Location of Tanks

Facility Name

Address

City/State/Postal Code

County

Work Number

III. Contractor Information

Contractor Name

Address

City/State/Postal Code

Work Phone Number Work Email

Certified Installer Name Installer Number

IV. Local Fire Department Information

City of Bryan Fire Department
Fire Department Name

304 West High Street
Address

Bryan OH 43506
City/State/Postal Code

419 633 6080 **firedept@cityofbryan.com**
Work Phone Number Work Email

Certified Inspector Name Inspector Number

Instructions: Fire departments granted delegation of authority pursuant to Chapter 1301:7-9-15 of the Administrative Code shall issue a 'Delegated Permit for Underground Storage Tanks' for all work performed on underground storage tanks (USTs) requiring a permit pursuant to Chapter 1301:7-9-10 of the Administrative Code. A copy of the permit and all inspection reports shall be sent by the delegated fire department to the Bureau of Testing and Registration within thirty days of the final inspection.

V. System Information (list each system separately)	#_____	#_____	#_____	#_____	#_____	#_____
Underground Tank Capacity (list gallons)	_____	_____	_____	_____	_____	_____
Substance Stored	Select	Select	Select	Select	Select	Select
Date Last Used (or list "new" or "in use")	_____	_____	_____	_____	_____	_____
VI. Components Undergoing Work (denote) (T=Tank, P=Piping, S=System, C=Containment, A=Ancillary Equip)	Select	Select	Select	Select	Select	Select
VII. Work to be Performed						
Installation	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Removal	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Modification	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Major Repair	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Closure in place	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Change in Service	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Initial Out of Service (Indicate expiration date – it may be no later than 12 months after the date listed in **Section V** above)	_____	_____	_____	_____	_____	_____
Extension of Out of Service (Indicate expiration date for the extension)	_____	_____	_____	_____	_____	_____

VIII. Conditions: