



**TOWN OF EAST FISHKILL  
BUILDING AND ZONING DEPARTMENT**

330 Route 376, Hopewell Junction, NY 12533  
(845) 221-2427 Fax (845) 227-4018  
<http://www.eastfishkillny.org>

**COMMERCIAL OIL TANK  
INSTALL / ABANDON OR REMOVE PERMIT**

**Instructions:**

Please read through this entire application before filling it out. You will need to provide:

1. Completed application form.
2. Completed tank location survey (see sample)
3. Completed Tank Checklist
4. Proof of Worker's Comp. Insurance – See attached builder insurance requirements.
5. Liability Insurance – See attached builder insurance requirements

Upon completion of removal:

If tank has been removed/abandoned by a tank removal company: A certified letter stating that the work is complete and meets NYSDEC directions must be sent by the oil tank removal company to the East Fishkill Building Department.

If you as homeowner perform the removal/abandonment: You must schedule a final inspection the East Fishkill Building Department. If you employ sub-contractors, you must ensure that all sub-contractors have valid workman's compensation insurance. (Your homeowner's insurance may have provisions for Workman's Compensation.) Please call this office ***at least*** 48 hours prior to schedule required inspections by the building department. Please ensure that your site is ready when you schedule an inspection – an additional charge will apply if an inspector has to be rescheduled due to the site not being ready at the time of inspection.

Additional information could be required at the request of the building inspector.

**Incomplete applications or poor quality survey drawings will be rejected.**

Once the permit has been issued, picked up and posted on-site construction may begin.

**BUILDING PERMITS, CERTIFICATES OF OCCUPANCY AND CERTIFICATES OF COMPLIANCE WILL NO LONGER BE ISSUED ON ANY PARCELS THAT HAVE ANY VIOLATIONS NOTED OR ANY PERMITS THAT HAVE EXPIRED AND WERE NEVER CLOSED OUT.**

## **BUILDER/CONTRACTOR INSURANCE PROOF REQUIREMENTS**

**PROOF OF WORKERS COMPENSATION AND LIABILITY INSURANCE, NAMING TOWN OF EAST FISHKILL AS ADDITIONAL INSURED, MUST BE PROVIDED BY THE BUILDER OR APPLICANT AT THE TIME THE APPLICATION IS SUBMITTED.**

LIABILITY INSURANCE CAN BE ON ACORD FORMS WITH “TOWN OF EAST FISHKILL, 330 ROUTE 376, HOPEWELL JUNCTION, NEW YORK 12533” LISTED AS ADDITIONAL INSURED OR CERTIFICATE HOLDER.

PROOF OF WORKERS COMPENSATION INSURANCE MUST BE ON NEW YORK STATE FORMS AS STATED IN GENERAL MUNICIPAL LAW SECTION 125.

### **IN THE CASE OF WORKERS COMPENSATION EXEMPTIONS**

***AS OF DEC. 1, 2008 – FORM WC/DB-100 WILL BE RETIRED AND NO LONGER ACCEPTED – FORM CE-200 WILL BE REQUIRED.***

**ALTHOUGH FORM WC/DB-100 WAS VALID FOR MULTIPLE PERMITS THE NEW FORM CE-200 WILL NOT BE. EXEMPTION FORMS WILL NO LONGER HAVE TO BE NOTARIZED, OR STAMPED BY THE NYS WORKERS’ COMP BOARD BUT APPLICANTS ELIGIBLE FOR EXEMPTIONS MUST FILE A NEW CE-200 FOR EACH AND EVERY NEW OR RENEWED PERMIT. EACH CE-200 WILL SPECIFICALLY LIST THE TOWN OF EAST FISHKILL, THE SPECIFIC TYPE OF PERMIT BEING REQUESTED, THE JOB LOCATION AND THE ESTIMATED COST OF THE PROJECT. BE SURE THAT APPLICANT HAS SIGNED AND DATED THE FORM. EACH CE-200 WILL HAVE A CERTIFICATE NUMBER PRINTED ON IT.**

**FORM CE-200 CAN BE PROCESSED ELECTRONICALLY – SEE THE WORKERS’ COMPENSATION BOARD’S WEBSITE, [www.wcb.state.ny.us](http://www.wcb.state.ny.us) or call (518) 486-6307. ONCE THIS FORM HAS BEEN FILLED OUT & COMPLETED ON-LINE A COPY CAN BE PRINTED OUT AND THAT COPY CAN BE SUBMITTED WITH THE BUILDING APPLICATION. IF YOU DO NOT HAVE ACCESS TO A COMPUTER, PAPER APPLICATIONS CAN BE OBTAINED AT ANY WORKERS COMP. BOARD DISTRICT OFFICE.**



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**OIL TANK INSTALL / REMOVE OR ABANDON PERMIT**

DATE: \_\_\_\_\_ PERMIT #: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TAX MAP#: \_\_\_\_\_ ZONE: \_\_\_\_\_

PROPERTY OWNER'S NAME: \_\_\_\_\_

OWNER'S STREET ADDRESS (if different): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

TENANT/BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**SEE ATTACHED SHEET REGARDING BUILDER/CONTRACTOR INSURANCE REQUIREMENTS**

IF APPLICANT IS NOT THE PROPERTY OWNER, A LETTER AUTHORIZING APPLICANT TO ACT ON THEIR BEHALF MUST BE SUPPLIED WITH THIS APPLICATION.

DESCRIPTION OF WORK TO BE DONE: \_\_\_\_\_

CONSTRUCTION ESTIMATE: \_\_\_\_\_ ZBA APPROVAL APPEAL#: \_\_\_\_\_ DATE: \_\_\_\_\_

ALONG WITH THE COMPLETED APPLICATION AND A CHECK IN THE APPROPRIATE AMOUNT, MADE OUT TO THE TOWN OF EAST FISHKILL, 1 SET OF PLANS AND 1 COPY OF THE PLOT PLAN (IF APPLICABLE) ARE TO BE SUBMITTED. CONSTRUCTION OF \$20,000.00 OR MORE REQUIRES STAMPED/SEALED PLANS.

I, \_\_\_\_\_, HEREBY AGREE TO COMPLY WITH THE PROVISIONS OF THE TOWN OF SAID STRUCTURES OF BUILDING, WHETHER STATE, COUNTY OR TOWN.

SIGNED: \_\_\_\_\_  
OWNER OR AUTHORIZED AGENT

**OFFICE USE ONLY:**

SKETCH/LOCATION TANK: \_\_\_\_ TANK INFO: \_\_\_\_ COMP/LIAB: \_\_\_\_ **PRE-INSP DATE:** \_\_\_\_\_

AUTH. LETTER (if required): \_\_\_\_ SIGNATURE OF PERSON TAKING APPL.: \_\_\_\_\_

THE ABOVE APPLICATION AND ATTACHED PLANS CONFORM TO THE NYS BUILDING CODE AND THE TOWN OF EAST FISHKILL ZONING ORDINANCE. ANY CHANGE IN THE APPLICATION OR PLANS WOULD VOID THIS APPROVAL.

DATED: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
BUILDING & ZONING / FIRE INSPECTOR OR DEPUTY



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OIL TANK INSTALL / REMOVE OR ABANDON PERMIT

Tank Location Survey

Existing Oil Tank (to be removed) Location:

Check all that apply:

Exterior: Interior: Rear: Side: Front: Under Deck:

Driveway: Enclosed: Garage:

Other (explain):

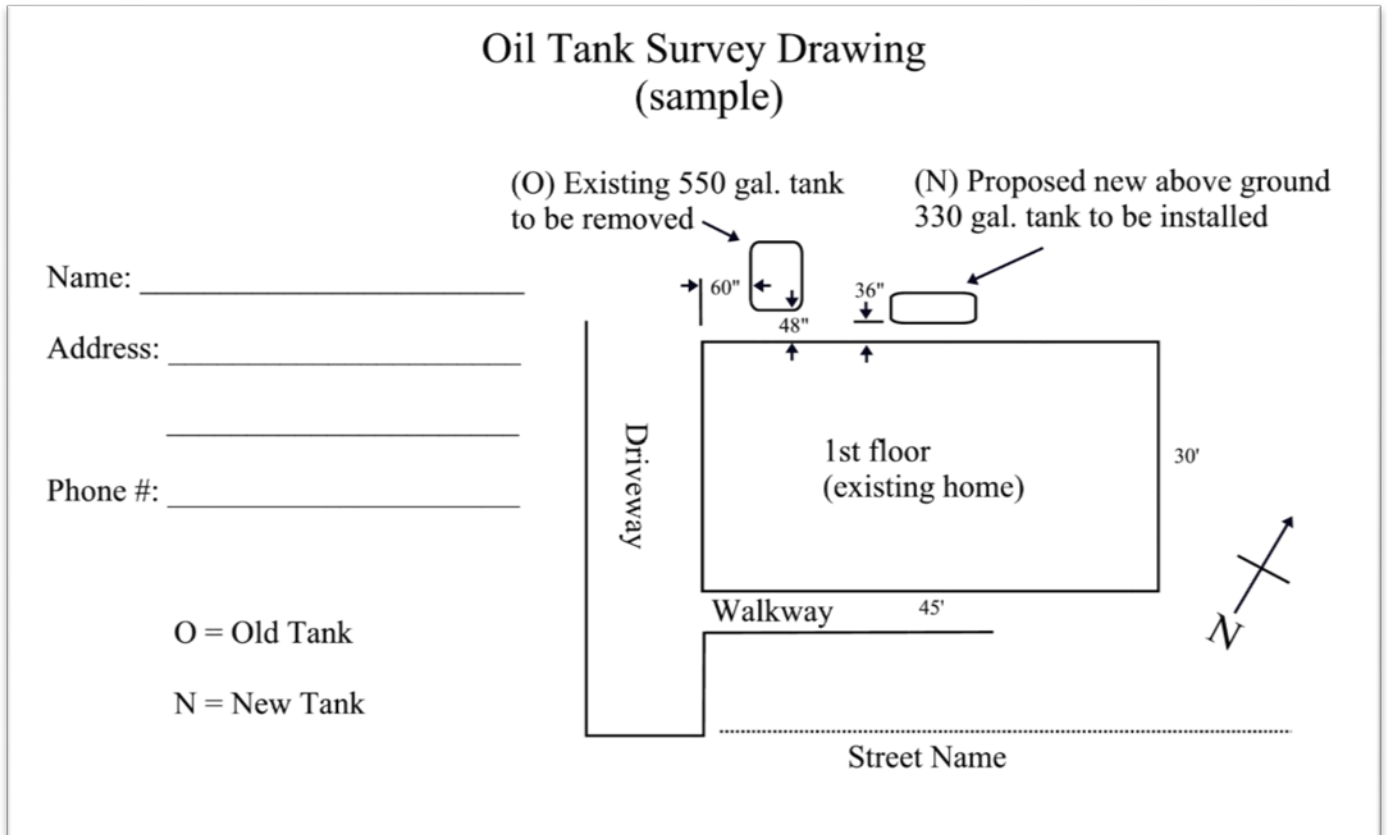
Proposed New Oil Tank (to be installed) Location:

Check all that apply:

Exterior: Interior: Rear: Side: Front: Under Deck:

Driveway: Enclosed: Garage:

Other (explain):



## Tank Check List

INSTALL COMPANY INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TANK INSTALL LOCATION: \_\_\_\_\_

REMOVE/ABANDON COMPANY INFORMATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TANK ABANDON/REMOVE LOCATION: \_\_\_\_\_

**\*\*SKETCH OF LOCATION AND TANK INFORMATION TO BE PROVIDED.**

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**Existing Tank Information:** Number of tanks to abandon/remove: \_\_\_\_\_

Tank Contents: Heating Oil: \_\_\_\_\_ Diesel Fuel: \_\_\_\_\_ Kerosene: \_\_\_\_\_ Other: \_\_\_\_\_

Tank Size(s): 275 gal. \_\_\_\_\_ 330 gal. \_\_\_\_\_ 550 gal. \_\_\_\_\_ 1,000 gal. \_\_\_\_\_ Other: \_\_\_\_\_

Description of Tank Location: \_\_\_\_\_

*(E.g. three feet from rear of home near left corner, five feet in from edge of driveway)*

Method of Abandonment: Foam: \_\_\_\_\_ Sand: \_\_\_\_\_ Slurry: \_\_\_\_\_ Removal: \_\_\_\_\_

**New Tank Information:** Number of tanks to install: \_\_\_\_\_

Tank Contents: Heating Oil: \_\_\_\_\_ Diesel Fuel: \_\_\_\_\_ Kerosene: \_\_\_\_\_ Other: \_\_\_\_\_

Tank Size(s): 275 gal. \_\_\_\_\_ 330 gal. \_\_\_\_\_ 550 gal. \_\_\_\_\_ 1,000 gal. \_\_\_\_\_ Other: \_\_\_\_\_

Description of Tank Location: \_\_\_\_\_

Tank Material: \_\_\_\_\_

Are collision poles (bollards) required?: \_\_\_\_\_ (garage installation)