



Hazardous Materials Storage Permit Application

Underground Storage Tank (UST) Program

DevelopmentATX.com | Phone: 311 (or 512 974 2000 outside Austin)
For submittal and fee information, see austintexas.gov/digitaldevelopment

General Information

UST Location Name: _____ **City of Austin UST ID:** _____

UST Location Street Address: _____

City: _____ State: _____

Zip code: _____ Facility Phone: _____

Fee Simple Owner (Land Owner) Name: _____

Fee Simple Owner Contact – Person Name (if different): _____

Mailing Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

UST Owner - Business Name: _____ Same as Fee Simple Owner

UST Owner Contact – Person Name (if different): _____

Mailing Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

UST Operator - Business Name: _____ Same as UST Owner

UST Operator Contact – Person Name (if different): _____

Mailing Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

UST Regulatory Contact - Business Name: _____

Same as Fee Simple Owner Same as UST Owner Same as UST Operator

UST Regulatory Contact – Person Name (if different): _____

Mailing Street Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Email: _____

System Description Table

| TANKS [for <i>compartment</i> tanks, designate as "1A," "1B," etc.] | Tank # _____ | Tank # _____ | Tank # _____ | Tank # _____ | Tank # _____ |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Maximum Capacity (gallons) | | | | | |
| Substance Stored (fuel grade) | | | | | |
| Manufacturer (company) | | | | | |
| Material of Construction | | | | | |
| Secondary Containment (type used; e.g., DW) | | | | | |
| Installation Date (month/year) | | | | | |
| Spill Containment (Y/N) | | | | | |
| Overfill Protection Equipment (e.g., flapper valve, ball float, etc.) | | | | | |
| Tight Fill Connection (Y/N) | | | | | |
| Electronic Monitor (ATG) (Mfg. and model) | | | | | |
| 30-day Tank Release-Detection Monitoring Method | | | | | |
| Tank Manifolded with Another Tank? (Y/N; tank numbers) | | | | | |
| PIPING (Product Lines) | | | | | |
| Manufacturer (company) | | | | | |
| Material of Construction | | | | | |
| Diameter(s) (A"/B") | | | | | |
| Secondary Containment (type used; e.g., DW) | | | | | |
| Pump Type (Pressure or Suction) & Manufacturer | | | | | |
| Line-Leak Detector Mfg. (Pressure only) MLLDs or ELLDs | | | | | |
| DISPENSERS | | | | | |
| Total Number of Dispensers | | | | | |
| Anchored Shear Valves (Pressure Systems only) (Y/N) | | | | | |
| Vertical Check Valve (Suction Systems only) (Y/N) | | | | | |
| Line Release-Detection Monitoring Method | | | | | |
| CATHODIC PROTECTION | Tanks | Piping | STP Sumps | UDC Sumps | |
| Cathodic Protection Type (e.g., NCM, Isolated, IP, Sac Anode) | | | | | |

Please check here if you wish to use the [Emergency Leak-Response Procedures](#) we provide. You can also submit your company's own Procedures document.

Permit Applicant / Responsible Party agrees that the information contained in this Permit Application is true and correct to the best of his or her knowledge. Applicant agrees to abide by the requirements of this Permit and all related Codes of the City of Austin. **Applicant must keep a copy of this Application on file.**

Responsibly Party (check all that apply): Same as Fee Simple Owner Same as UST Owner
 Same as UST Operator Same as Regulatory Contact

Responsible Party – Printed Person Name: _____

Responsible Party – Title: _____

Responsible Party Signature: _____ Date: _____

Email Address Registered on [Austin Build + Connect \(AB+C\)](#): _____