

## Town of Newtown Building Department Oil Tank Installation Application

*Please Fill Out Completely*

Address of Jobsite	Email Address:
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Owner (First & Last Name )			
Address		Phone Number	
Town/City	State	Zip	

Contractor Company Name			
Print Name of License Holder			
Address		Phone Number	
Town/City	State	Zip	

Class	License Number	Expiration Date
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### Type of Work (Circle One)

Replacement	From	Gallons to	Gallons
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Type of tank ( s ) to be installed	Steel	Fiberglass	Other	
Location of tank to be replaced				
Location of new tank ( s )			Gallons each tank	

How many Appliances will each tank be connected to	Size of fill & vent
Size of supply & return lines	Distance from burner & boiler

Est Cost
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Signature	Date
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### For Office Use Only

Receipt Number	Permit Number	Date Issued
Map	Block	Lot No.