

**SHASTA COUNTY DEPARTMENT OF RESOURCE MANAGEMENT
 ENVIRONMENTAL HEALTH DIVISION-UNDERGROUND STORAGE TANK(UST) PROGRAM
 1855 Placer Street, Suite 201, Redding, California 96001 (530)225-5787/ fax (530)225-5413
 APPLICATION FOR AUTHORITY TO CONSTRUCT/MODIFY/UPGRADE UST SYSTEM
 AT AN UNDERGROUND STORAGE TANK GASOLINE DISPENSING FACILITY**

INSTRUCTIONS

Each applicant for a Permit to Construct/Modify/Upgrade all or portion of a UST system shall provide the following to the Environmental Health Division:

- A. If modifying/upgrading existing equipment a separate application form may be required for each different type of modification.
- B. Fees: New Tank Installation - **\$1298.30** (first tank) plus **\$194.75** for each additional tank.
 Major Modification - **\$519.32** (includes, but not limited to, pipe replacement, lining, tank shell, sump, under-dispenser containment repairs).
 Minor Modification - **\$259.66** (includes, but not limited to, direct-bury spill container, new monitoring system, cathodic protection equipment, overfill prevention system).

If time spent reviewing plans and performing onsite inspections for the project exceeds the one time filing fee then additional charges of \$129.83/hour may be assessed as applicable.

- C. Adequate drawings/diagrams of system to be installed or modified, including a list of equipment with spec sheets and a plot plan of site.
- D. A signature of a responsible member of the organization on each application.

1. Business Name: _____

2. Business/ Project Address: _____

3. Assessor's Parcel Number: _____ Telephone: _____ Fax: _____

4. Type of Business: _____

5. Mailing Address: _____

6. Detailed Equipment & Project Description (Attach spec sheets & use additional sheets if needed): Is this a new facility? Y__ N__

- 7. Application for: (check one)
 New Construction
 Modification/Upgrade Repair
- 8. Type of Organization:
 Corporation Government Agency
 Partnership Individual Owner

9. Planned construction dates: Start: _____ End: _____

10. Name of Owner(s)/Principals: _____

11. Signature of Applicant: _____ Date: _____

12. Type/Print Signer's Name: _____ Title: _____

BY SIGNING THIS APPLICATION, THE APPLICANT/PROPERTY OWNER AGREES TO DEFEND, INDEMNIFY, AND HOLD SHASTA COUNTY HARMLESS FROM ANY CLAIM, ACTION, OR PROCEEDING BROUGHT TO ATTACK, SET ASIDE, VOID OR ANNUL SHASTA COUNTY'S APPROVAL OF THIS APPLICATION, ISSUANCE OF ANY ASSOCIATED PERMIT, AND ANY ENVIRONMENTAL REVIEW ASSOCIATED WITH THE PROPOSED PROJECT. APPLICANT/PROPERTY OWNER IS RESPONSIBLE FOR DETERMINING IF OTHER AGENCIES REQUIRE PERMITS. THIS INCLUDES CITY & COUNTY BUILDING & PLANNING DEPARTMENTS AND APPLICABLE FIRE DISTRICT.

Other Division Review

SCEHD Fees Collected

General Plan/Zoning:		Type	Date	Amount	Receipt #	Rec'd By
Use requires use permit:	Yes No	Filing				
Use requires building permit:	Yes No	Permit				
Planning: Date:	Building: Date:					