

APPLICATION FOR ABOVE GROUND STORAGE TANK

Jackson Township Fire Department - Fire Prevention Bureau P. O. Box 517 3650 Hoover Road Grove City, OH 43123

Phone: (614) 875-5588 Fax: (614) 875-2691 Email: fire.admin@jacksontwp.org

Site Address:						
Owner			Owne	Owner's Phone #:		
Contractor Name:			Contrac	Contractor's Cell #:		
Company State Certification #:					est.	
Contractor Address: Street Address		City		State	Zip	
Phone #: Fax	#:					
~ ALL PLANS MUST BE SUBMITTED	THROUGH THE			LDING DEPA	RTMENT ~	
Number of Tank Systems being installed?		х	\$100.00	=		
Number of Tank Systems being altered?		x	\$100.00	=		
Number of Tank Systems being removed		x	\$100.00	=		
If tank system is being removed:	_ast Date Used: _					
	Contents:					
ALL Tank Systems: Tank Size:						
ABOVEGROUND STORAGE TANKS ONLY. Ohio Division of State Fire Marshal, at 8895	E. Main Street, R	eynolo	dsburg, OH	43068 www.	com.ohio.gov	
Date Received:	Date Plans Red	eived	(if different):	·		
PAID: Check #:	Date Paid: _					
Plans Reviewed by:						
Date Approved:	Permit # Issued:					
Comments:						

JTFD: Revised 01/08/2010

Directive Issued 10/03/2008

Effective immediately, no Jackson Township Fire Inspector shall conduct any inspection of new fire protection systems or any acceptance test on any fire protection system without proper documentation of an installers (individual) current State of Ohio license through the Ohio Fire Marshal's office, as referenced in the OFC 2007 sections 915.2 and 915.11. Each inspector shall ask to see a current State of Ohio license prior to conducting the test(s) or inspection. The name of the installer, state license number, and expiration date shall be recorded in the inspectors report. The State of Ohio license must be applicable for the type of fire protection system being installed, (i.e. Underground NFPA 24, Aboveground NFPA 13, Fire Alarm Systems NFPA 72). We will no longer accept faxed copies of the installer's state license. If the installer does not have a current Installer's State of Ohio license on his/her person at the time of the test/inspection, the appointment must be rescheduled.