



**TOWN OF OSSINING**  
**Building Department**  
 101 ROUTE 9A, P.O. BOX 1166  
 OSSINING, N. Y. 10562

PHONE: (914) 762-8419  
 FAX: (914) 944-0195  
[www.townofossining.com](http://www.townofossining.com)  
 email: [bldgdept@townofossining.com](mailto:bldgdept@townofossining.com)

**OIL TANK REMOVAL AND/OR INSTALLATION PERMIT APPLICATION**

Permit Fee: \$100.00 for Removal and \$100.00 for Installation of new.

Date: \_\_\_\_\_ Estimated Cost of Job: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

Property Owner Name & Address of Job Location: \_\_\_\_\_

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

The proposed work outlined in this application conforms to all provisions of the ordinances of the Town of Ossining, the laws of Westchester County and the State of New York. It is agreed that the work will be prosecuted in accordance with the provisions of such ordinances and laws.

Detailed Description of Work (Attach Sketch, Installation Drawings, Specification Sheets and/or Plans): \_\_\_\_\_

The work shall consist of the following checked items: (check all that apply) Number of Tanks: \_\_\_\_\_

- |  |                                  |   |                                       |
|--|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Oil Tank Abandonment  | <input type="checkbox"/> Removal | <input type="checkbox"/> Closure In-Place | <input type="checkbox"/> Above Ground |
| <input type="checkbox"/> Oil Tank Installation | <input type="checkbox"/> New     | <input type="checkbox"/> Replacement      | <input type="checkbox"/> Underground  |

Chain of custody, closure report, spill number (if applicable), test results and all other completion/closure documentation must be provided to our office for final inspection.

Insurance Requirements (provide copies of the following with application):

- Certificate of Liability Insurance naming "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as the certificate holder and additionally insured. The job location must be referenced on the certificate.
- Certificate of Insurance for Workers' Compensation (Form 105.2) with "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as certificate holder.
- New York State Disability Form (DB-120.1) with "Town of Ossining, 16 Croton Ave., Ossining, NY 10562" as certificate holder.
- If there is not Workers' Compensation Policy, a waiver must be submitted by the Workers' Compensation Board.
- Westchester County License.

**Contractor Information:** License No. \_\_\_\_\_

Company Name \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Do not write in this space for office use only

Date: \_\_\_\_\_

Permit No: \_\_\_\_\_

\_\_\_\_\_  
**Building Inspector**

Related Permit: \_\_\_\_\_

Approved  Denied