



**TOWN OF ESSEX**  
Office of the Fire Marshal  
Essex Town Hall  
29 West Avenue, Essex, CT 06426

Phone: 860-767-4340  
Fax: 860-767-8509

**Application to Abandon/Remove an Underground Storage Tank**

Map: \_\_\_\_\_ Lot: \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner E-Mail Address: \_\_\_\_\_

Applicant/Contractor: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**This application must be completed and a permit issued before any work may  
be started.**

Owner/Contractor Signature: \_\_\_\_\_

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

**Description:**

Type of tank(s) to be removed: \_\_\_\_\_

Location of the tank (s): \_\_\_\_\_

Size of the tank (s): \_\_\_\_\_

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**OFFICE USE ONLY**

Application/Permit # \_\_\_\_\_ Paid: Cash/Check # \_\_\_\_\_

Tax Dept: \_\_\_\_\_

Approval/Date: \_\_\_\_\_

Date Report Filed with D.E.E.P. \_\_\_\_\_

**10/18**