



BUILDING DEPARTMENT
PROPANE TANK PERMIT APPLICATION

PERMIT # _____

FEE \$ _____

Application is hereby made for:

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY: _____

PHONE NUMBER: _____

NAME OF PROPANE COMPANY: _____

ADDRESS & PHONE # _____

PURPOSE FOR PERMIT:

INSTALL ABOVE GROUND or BURIED (Circle One) PROPANE TANK

DATE OF WORK TO COMMENCE _____ END _____

SCTM# _____ 0907- _____

Requirements:

- 1. Survey with proposed location**
- 2. Inspection prior to issuance of permit & upon completion of installation prior to backfill, if applicable.**

Applicant Name/Signature _____

AUTHORIZING SIGNATURE _____ DATE _____

VILLAGE OF WEST HAMPTON DUNES

PERMIT # _____

Please be advised that The Incorporated Village of West Hampton Dunes has authorized _____ to commence work

Beginning: _____

Ending: _____

AUTHORIZING AGENT: _____ DATE: _____

PLEASE RETAIN BOTTOM PORTION FOR PERMIT VERIFICATION