



Office of the State Fire Marshal  
1207 Quarrier Street, 2<sup>nd</sup> Floor  
Plans and Review Division  
Charleston, WV 25301  
304-558-2191

## Application for Review of Above Ground Storage Tanks

### REQUIREMENTS FOR ABOVE GROUND STORAGE TANKS REVIEW

- A completed Plans Review Application shall be completed by the plans submitter and shall be filled out in its entirety.
- Above Ground Storage Tank Plans shall be submitted in digital format AND hard copy.
- A complete set of plans shall be drawn to scale and include:
  - Site Plans Indicating:
    - Tank location
    - Distance from all buildings, property lines, and public ways.
    - Location, size, and distances of bollards from tank.
    - Location of emergency shut off.
  - Tank size and manufacturers cut sheets on tank.
  - If area is not fenced, indicate location of fence that is at least 10 feet surrounding the tank.
  - Contents of what is being stored in the tank.

All plans being submitted to our agency for review **MUST** be accompanied by the appropriate request application. All applications can be found on our website by type of review. If this form is **NOT** received within thirty (30) days of receipt of plans, the plans submission may be discarded. If the request application is not completed, it will be returned for resubmission.

Review Fee includes **ALL** Construction Inspections, the Final Inspection, and the Occupancy Permit and will be billed after review and processing.

If you have any further questions, please contact our office at 304-558-2191.

Please submit your completed Plans Review Application and Plans to:

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Application for Review of Above Ground Storage Tank Plans

New Application       Resubmittal       Prior Walk-In Review

**PROJECT INFORMATION**

|                       |  |              |  |            |  |
|-----------------------|--|--------------|--|------------|--|
| <b>Project Name</b>   |  |              |  |            |  |
| <b>Street Address</b> |  |              |  |            |  |
| <b>City</b>           |  | <b>State</b> |  | <b>Zip</b> |  |
| <b>County</b>         |  |              |  |            |  |

**SCOPE OF WORK**

New Construction       Existing       Modifications

|  |                                    |
|--|------------------------------------|
| Occupancy Type (Mercantile or Fleet Fueling) | Estimated Construction Cost:<br>\$ |
| Description of Project:                      |                                    |
| Estimated Starting Date:                     |                                    |

**TANK INFORMATION**

|                               |                           |
|-------------------------------|---------------------------|
| Tank Capacity:                | Tank UL Design:           |
| Manufacturer Data:            | Tank Single or Aggregate: |
| If Aggregate, how many tanks? | Contents Stored in Tank:  |



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**PROJECT/PROPERTY OWNER CONTACT INFORMATION**

|                                    |  |              |  |            |  |
|------------------------------------|--|--------------|--|------------|--|
| <b>Project/Property Owner Name</b> |  |              |  |            |  |
| <b>Street Address</b>              |  |              |  |            |  |
| <b>City</b>                        |  | <b>State</b> |  | <b>Zip</b> |  |
| <b>Email Address</b>               |  |              |  |            |  |
| <b>Phone Number</b>                |  |              |  |            |  |

**PLANS SUBMITTER CONTACT INFORMATION**

|                          |  |              |  |            |  |
|--------------------------|--|--------------|--|------------|--|
| <b>Submitter Name</b>    |  |              |  |            |  |
| <b>Submitter Company</b> |  |              |  |            |  |
| <b>Street Address</b>    |  |              |  |            |  |
| <b>City</b>              |  | <b>State</b> |  | <b>Zip</b> |  |
| <b>Email Address</b>     |  |              |  |            |  |
| <b>Phone Number</b>      |  |              |  |            |  |

**BILL INVOICE TO**

|                       |  |              |  |            |  |
|-----------------------|--|--------------|--|------------|--|
| <b>Name</b>           |  |              |  |            |  |
| <b>Company</b>        |  |              |  |            |  |
| <b>Street Address</b> |  |              |  |            |  |
| <b>City</b>           |  | <b>State</b> |  | <b>Zip</b> |  |
| <b>Email Address</b>  |  |              |  |            |  |
| <b>Phone Number</b>   |  |              |  |            |  |

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