



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Division of Environmental Quality
P.O. Box 501304 C.K., Saipan, MP 96950-1304
Tels.: (670)664-8500/01
Fax: (670)664-8540



**UNDERGROUND STORAGE TANK PERMIT
TO OPERATE APPLICATION FORM**

FOR DEQ USE ONLY	
APPLICATION NO.:	
DATE RECEIVED:	
RECEIPT NO.:	
RECEIVED BY:	

TO THE APPLICANT:

It is the responsibility of the applicant to completely answer all questions relevant to the project and to attach required supporting materials. If a question is not applicable, "N/A" should be placed in the appropriate space. Until the needed information and materials are supplied, DEQ will not file or act on the application.

- I. Give Name, Company Name, Mailing Address & Phone Number for Applicant and Authorized Representative:

Applicant

Authorized Representative

Phone No.: _____

Phone No.: _____

- II. FACILITY/SITE INFORMATION & ADDRESS – (MUST BE COMPLETED)

FACILITY/SITE NAME:	MAILING ADDRESS:
ADDRESS SITE LOCATION:	

CHECK THE APPROPRIATE BOX FOR TYPE OF BUSINESS OWNERSHIP

<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	LOCAL AGENCY	<input type="checkbox"/>	STATE AGENCY
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	FEDERAL AGENCY	<input type="checkbox"/>	OTHER		

TYPE OF BUSINESS

<input type="checkbox"/>	GAS STATION	<input type="checkbox"/>	HOTEL	<input type="checkbox"/>	COMMERCIAL BUILDING
<input type="checkbox"/>	PROCESSOR	<input type="checkbox"/>	OTHER		

DEQ ID #:		# OF TANKS AT THIS SITE:	
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(PRIMARY) EMERGENCY CONTACT PERSON	(SECONDARY) EMERGENCY CONTACT PERSON
DAY: NAME(LAST, FIRST) PHONE # WITH AREA CODE	DAY: NAME(LAST, FIRST) PHONE # WITH AREA CODE
NIGHT: NAME(LAST, FIRST) PHONE # WITH AREA CODE	NIGHT: NAME(LAST, FIRST) PHONE # WITH AREA CODE

III. PROPERTY OWNER INFORMATION & ADDRESS – (MUST BE COMPLETE)

NAME:	
CARE OF ADDRESS INFORMATION:	
MAILING OR STREET ADDRESS:	
CITY NAME:	
STATE:	
ZIP CODE:	
PHONE # WITH AREA CODE:	

IV. TANK OWNER INFORMATION & ADDRESS – (MUST BE COMPLETED)

NAME:	
CARE OF ADDRESS INFORMATION:	
MAILING OR STREET ADDRESS:	
CITY NAME:	
STATE:	
ZIP CODE:	
PHONE # WITH AREA CODE:	

CHECK THE APPROPRIATE BOX FOR TYPE OF BUSINESS OWNERSHIP

<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	LOCAL AGENCY	<input type="checkbox"/>	STATE AGENCY
<input type="checkbox"/>	CORPORATION	<input type="checkbox"/>	FEDERAL AGENCY	<input type="checkbox"/>	OTHER		

1. The certified Underground Storage Tank installer must submit an installation check list and inspection procedure in accordance with the manufacturers specification on tanks and piping.
2. Certified installer must submit the following information for detection Protection Mechanism.
3. The document results of tanks and associated piping tests must be submitted by or transmittal letter signed by the owner or operator.
4. DEQ requires upon submission of your permit application a fee of \$150.00 per tank (new or replacement) payable to the CNMI Treasurer.

This application and the attachments constitute my Underground Storage Tank application package and fee of \$150.00 per tank for review, as required by DEQ Underground Storage Tank Regulations. I agree to conduct the proposed Underground Storage Tank Operation in accordance with the law and regulation that governs the CNMI and to comply with any conditions that may be specified in the permit issued by the Division of Environmental Quality. I also understand answers on this application may be considered grounds for permit denial and/or a criminal penalty not to exceed \$50,000.00 or one year imprisonment or both.

NOTE: THE APPLICANT SHALL ATTACH ALL DOCUMENTS WHICH SHOWS PROOF OF OWNERSHIP AND APPLICANT LEGAL INTEREST IN THE PROPERTY COVERED IN THE PROPOSED PROJECT LOCATION.

SIGNATURE OF APPLICANT

DATE