



ALEXANDRIA FIRE DEPARTMENT

302 FILLMORE STREET
ALEXANDRIA, MN 56308
Phone: 320-763-6488



LP FUEL TANK PERMIT APPLICATION (500+ Gallons)

Date _____ Permit Number _____ **\$100 Fee** Rec'd _____

Building Address _____

Type of Occupancy Commercial Residential Other _____

Owner's Name _____

Contact Person _____ Contact Phone _____

Contact Email _____

Tank Identification # _____ Tank Size (Gallons) _____

Duration of Placement Permanent Temporary: _____ Days

Scope of Work _____

Contractor/Vendor _____ State License _____

Address _____

Contact Name _____ Contact Phone _____

Contact Email _____

NOTE: A Conditional Use permit is also required.

Please contact Mike Weber, Community Development Director mweber@alexandriamn.city

A site plan showing the proposed location and distance from all property lines and structures is required.

This permit does not relieve the contractor from compliance with appropriate Federal, State or Local regulations concerning this installation. The contractor certifies that the above information is correct.

Applicant Signature _____ Date _____

Fire Chief Signature _____ Date _____

Additional Comments _____

Please make check payable to: City of Alexandria, 704 Broadway, Alexandria MN 56308