

**SAN BERNARDINO COUNTY FIRE DEPARTMENT
OFFICE OF THE FIRE MARSHAL
UNDERGROUND STORAGE TANK PROGRAM
SUBMITTAL CHECKLIST**

MAJOR UST MODIFICATIONS

(Excavation required)

GENERAL REQUIREMENTS

1. ___ UST Modification Permit Application (separate form)
2. ___ Payment (all operating fees must be current)
3. ___ Plans/Scope of Work (~~3 sets minimum~~)
4. ___ Contractor/Technician Certifications and Manufacturer Certifications (1 set)

REQUIREMENTS FOR PLANS AND SCOPE OF WORK

1. ___ Project name, street address and city
2. ___ Project contact name, address, and phone number (Architect & Contractor, as applicable)
3. ___ Site Plan - overview of site with cross streets, driveways and flow of traffic, north arrow, property boundaries, and surrounding buildings
4. ___ UST locations, dispensers, piping shall also be depicted as accurately as possible
5. ___ Complete Scope of Work
6. ___ Drawings of components to be modified or installed
7. ___ Specification sheets or component list that includes manufacturer, model number, quantity and key to location shown on plans

CONTRACTOR/TECHNICIAN CERTIFICATIONS

1. ___ Contractors State License Board (CSLB) license ¹
2. ___ Certificate of Liability Insurance - Workers Compensation and Employers' Liability
3. ___ International Code Council (ICC) UST Installation/Retrofitting
4. ___ ICC CA UST Service Technician
5. ___ Manufacturer Certifications applicable to monitoring system being installed
6. ___ Manufacturer Certifications for each component to be modified or installed
 - Example A: UST installation certifications (e.g. Xerxes, Modern Welding, Containment Solutions, etc.)
 - Example B: UST piping installation certifications (e.g. NOV Fiber Glass Systems, Western Fiberglass products, FLEX-ING™ for FIREFLEX Flexible Connectors etc.)
 - Example C: UST monitoring systems certifications (e.g. Veeder Root, Pneumercator, etc.)

These are the minimum general requirements for installation plan check submittal. Additional requirements may be required upon plan check review.

¹http://sbcfire.org/hazmat/forms/20090501_sbcfire_verifying_UST_contractor_licensing2009.pdf



SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT

598 S Tippecanoe Ave. • San Bernardino, CA 92415-0153 • (909) 386-8401 • Fax (909) 386-8460

UNDERGROUND TANK CONSTRUCTION / MODIFICATION APPLICATION

JOB LOCATION

Facility Name	Owner Representative	Phone Number	E-mail
Site Address		City	Zip Code

CONTRACTOR

Company Name	Contact Person	Phone Number	E-mail
Mailing Address		City	Zip Code

ENGINEER/ARCHITECT

Company Name	Contact Person	Phone Number	E-mail
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NATURE OF WORK

All fees listed below are for FY 2025-2026

Modification/Repair WITHOUT Excavation (Minor) – 1 Inspection Only (\$534.00)

- Dispenser Upgrade
 Secondary Containment Repair w/o excavation
 Overfill
 Change of Fuel Type w/o excavation
 Other Minor:

Modification/Repair WITH Excavation (Major) – Up to 4 Inspections (\$1,996.00)

- Tank Top Upgrade
 Secondary Containment Repair w/excavation
 Re-pipe
 Other Major:

Installations – Up to 4 Inspections (\$3,966.00)

- New Construction # of Tanks: _____ Alternative Fuels? Yes No
 Install (addition) # of Tanks: _____ Alternative Fuels? Yes No

Removal (1st tank = \$616.00 + \$160.00 per each additional tank) Closed in Place (\$1,290.00 per tank)

- Removal # of Tanks Removed: _____
 Closed in Place # of Tanks Closed In Place: _____

Special Inspections / Plan Submittals /Permit Renewal

- Construction Extension - 3 Months (\$280.00) Permit Renewal (Original Permit Fee)
 Resubmittal (\$374.00) Consultation Fee (\$169.00/hr) Special Inspection (\$169.00/hr) Temporary Closure (\$718.00)
 After-Hours Inspection (\$633.00 per 1st 3hrs + \$211.00 per each additional hr) Failure to Keep Appointment (\$169.00/appmt) Cold Start (\$360.00)
 Exploratory Permit w/excavation Initial Permit (\$1,996.00) Exploratory Permit w/o excavation Initial Permit (\$534.00)

Other:

ADDITIONAL INFORMATION

- Is this work compliance driven? No Yes Date of inspection: _____
Is this an As-Built? No Yes Date Authorized: _____ Inspector Name: _____

Name of Person Submitting Plans	Phone
Signature	Date

OFFICE USE ONLY

Facility ID#: FA _____	CC Confirmation #: _____
<input type="checkbox"/> New Facility <input type="checkbox"/> Permitted Facility ⇨ Expiration Date: _____ Permits Current? <input type="checkbox"/> Yes <input type="checkbox"/> No # Regular UST(s): _____ # Complex (VPH) UST(s): _____	Permit Fee Paid: \$ _____ Receipt Number: _____ Check Number: _____ Date Paid: _____ Failure to apply for a permit? <input type="checkbox"/> No <input type="checkbox"/> Yes Work without approved permit? <input type="checkbox"/> No <input type="checkbox"/> Yes Received By: _____
Service Request #: SR _____	



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UST Owner Acknowledgement

OWNER		
Owner Name		
Owner Mailing Address	City	Zip Code

FACILITY		
Facility Name		
Facility Address	City	Zip Code

CONTRACTOR
Contractor Name

SUMMARY OF THE SCOPE OF WORK

The Contractor listed above has been hired to conduct the work in the Summary of the Scope of Work for the facility listed above.

_____ **Print Name**

_____ **Title**

_____ **Signature**

_____ **Date**

