



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 No.

E-mail

Site Address

City

Zip Code

CONTRACTOR

Company Name

Contact Person

Phone No.

E- Mail

Mailing Address

City

Zip Code

ENGINEER/ARCHITECT

Company Name

Contact Person

Phone No.

E- Mail

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 Inspection (\$1,996.00)

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

Installations – Up to 4 Inspections (\$3,996.00)

- ☐ 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 (1st tank = \$1,290.00 + \$160.00 per each additional 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/appt) ☐ 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 _____

☐ New Facility

☐ Permitted Facility ⇨ Expiration Date: _____

Permits Current? ☐ Yes ☐ No

Regular UST(s): _____

Complex (VPH) UST(s): _____

Service Request #: SR _____

CC Confirmation #: _____

Permit Fee Paid: \$ _____ Receipt Number: _____

Check Number: _____ Date Paid: _____

Failure to apply for a permit? ☐ No ☐ Yes

Work without approved permit? ☐ No ☐ Yes

Received By: _____