



NEW TANK INSTALLATION APPLICATION

FD 1507 (November 2024)



Instructions

Complete Parts 1 and 2 for Tank Systems that require Engineered Stamped drawings (refer to [New Tank Installation section](#) of webpage for guidance).

Complete Parts 1 and 3 for Small Tank Systems.

Part 1

Applicant Name		Phone Number	
Company Name		Email	
Address			
City		Province	Postal Code
Signature		Date (YYYY-MM-DD)	

Contractor Name must be provided for Installation(s).

Contractor Company Name			
Phone Number		Email	
Is the Contractor certified to perform this work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Certification Number			
<input type="checkbox"/> CPCA # _____ <input type="checkbox"/> TSSA # _____ <input type="checkbox"/> PTMAA # _____			

Owner Information (if different from Applicant)

Contact Name		Phone Number	
Company Name		Email	
Address			
City		Province	Postal Code

Location of Facility Applicable to Construction

Facility Name
Street Address

Location of Tank(s)

Type of Tank <input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Building	
Start Date (YYYY-MM-DD)	Estimated Completion Date (Required) (YYYY-MM-DD)

Form Approver: Deputy Chief Risk Management	Page 1 of 4
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Part 2

Engineering Firm Name	Phone Number
Tank Specification (ULC or API # available from Tank Placard or Tank specifications drawings).	
Indicate capacity of individual Tanks being installed. Identify any Tanks with split compartments and the capacity of each compartment.	

Does the Permit apply to (check all that apply):

<input type="checkbox"/> Retail Facility	<input type="checkbox"/> Bulk Plant	<input type="checkbox"/> Generator Day Tank
<input type="checkbox"/> Company Fuel Supply	<input type="checkbox"/> Commercial Cardlock	<input type="checkbox"/> Generator Sub Base Tank
<input type="checkbox"/> Attended Self Service	<input type="checkbox"/> Unattended Self Service	<input type="checkbox"/> Fire Pump Supply Tank

Type of product(s) to be stored in Tank(s).

Project Description

Part 3

Installation Information

Are all Tank system components including piping above ground?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have all Tanks been installed outdoors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have a minimum of two 40 BC Fire Extinguishers been installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any overhead Power Lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Complete one column per Tank. If your Tank has more than one compartment, complete one column for each component.

	Tank 1	Tank 2	Tank 3	Tank 4
Tank Serial Number (list each Tank separately; place each compartment in a new column.)				
Site Tank Number (if applicable)				
Compartments (if applicable)				
Tank capacity (in liters)				
Name of product being stored				
Tank ULC Construction Standard Number				
Is the Tank single or double walled?	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Single <input type="checkbox"/> Double
Is the Tank supported more than 300mm off the ground? (If no Tank supports require 2-hour fire remittance rating.)				
Tank distance to nearest property line (meters)				
Is there Crash Mitigation protecting the Tank?				
What is the distance to any Propane or Natural Gas Tanks? (minimum 6 meters)				
What is the distance to nearest Tank meter(s)?				
What is the distance to nearest building (meters)?				
Is the Tank grounded (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all pipe openings above the normal Tank product level? (Required)				
Height of Vent Pipe Discharge Outlet above ground level (2m CLASS 2 and 3A, 3.5 meters CLASS 1)				
If it is a used Oil Tank, does it have a fixed suction tube and Tight-Fill Connection? (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Dispenser & Signage Information

		Comments
Are there signs for, no smoking & turn off ignition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there signage identifying Tank contents posted on two sides of the Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is a dispenser connected to the Tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Complete the following sections if you are dispensing product		
Are there operating instructions for dispensing posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Distance of dispenser to building openings in meters	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a storm drain within 6 m of any dispenser?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Indicate the distance to emergency shutdown devices from dispensing equipment (Required)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Are there signs indicating location of an emergency shutdown button?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is all power buried for the fuel dispensing operation & emergency button	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If operating a self-serve retail facility, is there an intercom between the customer and inside employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there protection from spills when dispensing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there a fuel mounted pump on top of the Tank, or is piping used to connect it to a nearby dispenser?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the dispensing pump hand operated or electric? If electric is it supplied by a vehicle or main cable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Complete the following section if your pump is connected to a nearby dispenser (via piping).		
Will there be an anti-siphon valve between the Tank and any dispenser?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is there any buried pipe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is aboveground piping made of steel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Is the dispenser protected from collision or on an island higher than 100 mm?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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For further information, contact a CFD Tanks Safety Codes Officer at 403-370-7593 or Tanks@calgary.ca or Mail Code #8114. Calgary Fire Department, 4144 - 11 Street SE Calgary, AB. T2G 3H2.

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