



**Medicine Hat Fire Service**

Fire Prevention Branch  
 1303 Trans Canada Way SE  
 Medicine Hat, AB  
 T1B 1J1

Phone: (403) 529-8282

[fireprevention@medicinehat.ca](mailto:fireprevention@medicinehat.ca)

**Application to Install/Remove /Alter Storage Tank Systems**

<b>Applicant Information</b>		
Applicant Name:		Phone Number:
Company Name:		Fax Number:
Address:		E-mail:
City:	Province:	Postal Code:
Signature:		Date:

<b>Owner Information (if different than applicant)</b>		
Company Name:		Phone Number:
Address:		Fax Number:
City:	Province:	E-mail:
Contact Person:		Postal Code::

<b>Location of Tank System</b>	
Facility Name:	
Street Address:	

<b>Project Information –Part 1 (All Projects)</b>			
Type of Project:	<input type="checkbox"/> New Installation	<input type="checkbox"/> Removal	<input type="checkbox"/> Alteration
Type of Tank:	<input type="checkbox"/> Aboveground	<input type="checkbox"/> Underground	
Start Date:	Estimated Completion Date:		

**Project Information – Part 2 (New Installations Only) (Engineering Firm & Tank Specification are Mandatory)**

Note: Engineering Company refers to engineering firm involved in the site/facility layout design and not the tank manufacturer.

Engineering Firm Name:

Phone Number:

Tank Specification: ( ULC or API #-available from tank placard or tank specifications drawings )

Indicate capacity of individual aboveground and/or underground tanks being Installed, list the Product to be stored in each tank and Identify any tanks with split compartments and the capacity of each compartment.

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If any tank is to be installed, does the permit apply to? (Check all that apply)

- Retail Facility
- Company Fuel Supply
  - Full Service
  - Attended Self Service
  - Unattended Self Service
- Bulk Plant
- Commercial Cardlock
- Company Fuel Supply

**Project Information- Part 3 (Contractor name must be provided for  
Removals/Alterations/installations)**

Contractor Company name:

Address:

Phone Number:

CPCA Number	Name (Individual)

PTMAA Number	Name (Individual)

**Medicine Hat Fire Service Use Only**

Approved     Yes     No     Not Applicable

Application Accepted By:

Date:

Comments:



