

# **HERNANDO COUNTY TANK PROCEDURES & GUIDELINES**

The procedures set forth in this document are the minimum requirements necessary to ensure a timely review and issuance of a building permit as applied for. For your convenience, the Fuel Tank guidelines are divided into sections:

1. Installation Requirements
2. Removal Requirements
3. Inspector Check-list

Commercial building permits are required for installation, removal, system upgrades and closure in place activities.

Tank plans will be required to be submitted. The following agencies are involved in the sign off on a tank permit:

1. Building
2. You are responsible for contacting the Citrus County Health Dept. at (352) 527-5289 for all required State permits and inspections.
3. Local Fire Service

### **Notice of Commencement**

A notice of commencement shall be recorded and submitted at time permit is issued, if the value of the job is over \$2,500.

### **New Installations and System Improvements:**

#### **Drawing Plans and Documentation Required**

1. Total dollar value of the entire project.
2. Three (3) sets of drawings will be required.
3. Plans are to be drawn on a minimum sheet sized 18" x 24" and to an appropriate scale.
4. Site drawing shall show the new and existing conditions.
5. Site drawings should show the extent of proposed work.
6. Complete Electrical drawings are required.

#### **Plans Must Identify:**

1. Tank Construction, Installation and Slope Information
2. Tank Excavation Methods and Details
3. Piping Construction
4. Piping Excavation
5. Code and Standard Referenced for Compliance (i.e. API, NFPA, UL Standard etc.)
6. Details of Dispensing Island
7. Tank Anchoring Methodology
8. Details on Tank or Dispensing Island Bumper and Safeguards
9. Tank Venting Details
10. Vapor Recovery Information and/or Details
11. Plumbing Details i.e. Swing Joints
12. Provide type of leak detection being provided at the facility?
13. Provide type of back-fill material will you be using at the facility around the underground piping?

14. A cross section is needed to give details on depth and pipe spacing.
15. Emergency shut off switches
16. Hazardous electrical areas per NEC
17. Type of substance to be contained in tank.
18. Any protected area rooms.

**Required Inspections:**

**New Underground Storage Tank Systems Installation**

1. Tank Rough Electric Inspection
2. Tank Final Electrical Inspection
3. Final Fire Inspection
4. All System Inspection conducted by Citrus County Health Dept.
5. Final Building Inspection

**New Aboveground Storage Tank Systems Installation**

1. Secondary Containment Area Footer/Slab Inspection
2. Secondary Containment Area Wall Inspection
3. Tank Rough Electrical Inspection (if applicable)
4. Final Electrical Inspection
5. Final Fire Inspection
6. All Fuel System Inspections conducted by Citrus County Health Dept.
7. Final Building Inspection

You are responsible for contacting the **Citrus County Health Dept.** at (352) 527-5289 to request the above referenced approval and inspections.

## **REMOVAL**

Permits are required for both closure in place and complete removal.

### **Plans and Documentation Required.**

1. Detailed site drawing (3 copies) 18" x 24" minimum size blue print style drawings shall be provided. Please indicate the following on drawing:
2. Proper address
3. Legal Description
4. Type and gallons contained in tank to be removed
5. Location of building, tank, tank lines and dispenser islands
6. General location map
7. Extent of work
8. Show monitoring well
9. Total dollar value of the entire removal project.
10. Type of substance tank contains.

**NOTE: Closure in Place** - does not require disposal facility contractor, or tank hauler, but the fill material for tank will be required. All sludge must be removed from tank (tank must be cut open to clean sludge)

### **Inspections (Removal)**

1. All System inspections conducted by Citrus County Health Department
2. Final Electric
3. Final site restoration.( Final Building)

You are responsible for contacting the **Permit Inspections Section of the Hernando County Building Division** at (352) 754-4050 and request the above referenced inspections.

### **Separate Permits are Required for the Following:**

- Canopy Signs
- Fire Suppression

**HERNANDO COUNTY  
COMMERCIAL TANK APPLICATION**

**THIS SECTION MUST BE COMPLETED**

CONTACT PERSONS NAME \_\_\_\_\_

Please Provide Your FAX # \_\_\_\_\_

e-mail address: \_\_\_\_\_

Key # \_\_\_\_\_

Date: \_\_\_\_\_

Valuation Of Work To Be Done: \$ \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Unit \_\_\_\_\_

Address Of Job Site: No. \_\_\_\_\_ Street \_\_\_\_\_

Project Name \_\_\_\_\_ Shopping Center Name \_\_\_\_\_

Directions to Job Site: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Interest In Property: \_\_\_\_\_

Name Of Fee Simple Titleholder: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FUEL TANK CONTRACTOR** \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

(State Certification or Hernando County #Only)

**ELECTRICAL CONTRACTOR** \_\_\_\_\_

Phone: \_\_\_\_\_ License Number: \_\_\_\_\_

(State Certification or Hernando County #Only)

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction.

**OWNER'S AFFIDAVIT: I certify that all of the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.**

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT FOR JOBS EXCEEDING \$2,500.00 MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY.**

**IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT.**

\_\_\_\_\_  
Owner or Agent (Including Contractor)

\_\_\_\_\_  
Print Name

State of: \_\_\_\_\_ County of: \_\_\_\_\_

The foregoing instrument was sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, (\_\_\_\_\_) who is personally known to me or (\_\_\_\_\_) who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of Notary Public

Application Approved By: \_\_\_\_\_  
Permit Representative

Hernando County Building Division  
789 Providence Boulevard  
Brooksville FL 34601  
Ph (352) 754-4050 Fax (352) 754-4151  
[www.hernandocounty.us/bldg](http://www.hernandocounty.us/bldg)