



Rose Mary Rahn
Director

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.

Milton Teske, M.D.
Health Officer



UST PLAN CHECK APPLICATION

Facility/Project Name		Project Location Address	
Facility Owner's Name	Phone	Mailing Address/City/Zip	
Billing Party	Phone	Mailing Address/City/Zip	
UST Contractor	Phone	Mailing Address/City/Zip	
State Contractor License No. & Exp. Date	ICC Cert. Installer/Retrofitter	ICC Cert. No. & Exp. Date	

Fees:	New UST facility or tank installation	\$904/Flat Rate
	UST System Upgrade (Piping/UDC/Sump)	\$678/Flat Rate
	UST Monitoring Equip/Spill prevention & Additional Services (per hour)	\$113/Hr.

Must include: Scope of work / Make and model numbers of the equipment to be installed.

***Specification sheets must be included with the application**

***Please note that any project dry runs when an appointment has been scheduled and the contractor is not ready will be subject to additional fees. * New UST installations require submittal of UST contractor certification forms.**

Title/Organization	E-mail Address	
Applicant's Signature	Name of Applicant (Please Print)	Date
		/ /

FOR OFFICE USE ONLY

Received Date	Log No.	Project Type	Reviewer	Response Date
/ /				/ /
Date	From	To	# of Hours	Service Description

Total billable hours=Total Amount:\$ Invoice #

H:\FORMS\FORMS\2016 APPLICATIONS\UST Plan Check Application .DOC 10/23/2019