

PETER J. LAMB
CHIEF

FIRE PREVENTION



JOHNSTON FIRE DEPARTMENT
1520 ATWOOD AVENUE
JOHNSTON, RI 02919

TEL: (401) 351-1600 EXT. 1120 FAX: (401) 454-3473
fireprevention@johnstonfire.us

STORAGE TANK APPLICATION

Address of work Site: _____

Name of Business: _____ Business Phone: _____

Date / Hours work is to be performed: _____

Contractor/Company Performing work;

Name: _____

Address: _____ Phone: _____

Professional license held: _____

License Number: _____

On site contact: _____ Phone: _____

Description of work to be performed: _____

Contents of tank being removed: _____

Name of applicant: _____ Date: _____

Applicant Signature: _____

Submit Completed application, DEM application, and plans to the Fire Prevention Office with a \$100 check or money order payable to; Town of Johnston, 1520 Atwood Ave, Johnston RI 02919