



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

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



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	\$977/Flat Rate
UST System Upgrade (Piping/UDC/Sump)	\$733/Flat Rate
UST Monitoring Equip/Spill prevention & Additional Services (per hour)	\$122/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 # _____

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