



Premises Operating Permit Application Dangerous Substances Law (2017 Revision) Section 4

Type of Application

New

Renewal

Form OP17-001

A) Applicant Information

Applicant Name

Business name (if applicable)

Premises Street Address

PO Box / Postal Code

District & Island

E-mail address

Block & Parcel

Business Hours Contact Number

Is the premises leased or owned by the applicant?

After Hours Contact Number

Leased

Owned

B) Premises Information

Type

Total Aggregate Storage Capacity (Imp Gal)

Residential

Gas Station/Marina

Business

Government

Other

C) Storage Information (If >5 tanks, provide the information on additional forms)

Tank #1

Type:

Aboveground

Underground

Mounded

Location

Inside a Structure

Outside

Configuration

Double-Walled

Single-Walled

Diked

Product to be Stored

Capacity (Imp Gal)

Year Installed

Year Manufactured

Purpose:

Generator Supply

On Site Use

Public Distribution

Multiple tanks matching the above information? Yes If yes, how many additional?
 No

Tank #2 Type Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Purpose: Generator Supply On Site Use Public Distribution

Tank #3 Type: Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Purpose: Generator Supply On Site Use Public Distribution

Tank #4 Type: Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Purpose: Generator Supply On Site Use Public Distribution

Tank #5 Type: Aboveground Underground Mounded

Location Inside a Structure Outside

Configuration Double-Walled Single-Walled Diked

Product to be Stored Capacity (Imp Gal) Year Installed Year Manufactured

Please e-mail/mail/deliver this form, accompanied by the relevant fees & required documentation to:

Fuels | OfReg

Allista Towers 3rd Floor, 85 North Sound Rd, George Town, Grand Cayman, Cayman Islands

P.O. Box 2502 KY1-1104

Tel: (345) 946.4282

Email: fuels@ofreg.ky

Payments are to be made via cheque, made out to 'OfReg' and delivered/mailed to the office.

Internal Use Only

Reference Number

Date Received:

Date
Processed

Date Permit Sent

Application
Approved?

Yes
No

Permit Number