



Town of Orleans

Board of Health Application Form

19 School Road, Orleans, MA 02653

health@town.orleans.ma.us ~ Phone: (508) 240-3700 Ext. 2450 ~ Fax: (508) 240-3746

Above Ground Fuel Storage Tanks Variance Form

Property Information

Street Address

Assessors Map #

Assessors Parcel #

Property Owner Information

Owner Name

Telephone Number

Mailing Address

Above Ground Fuel Storage Tank Information (please check all that apply)

Existing Tank

Single Wall Tank

Proposed Tank

Double Wall Tank

Residential

Commercial

Installation Date: _____

Tank Size: _____

Type of Tank: _____

Location: _____

Public Hearing Checklist

- Property owner must notify all abutters by certified mail. The notification shall reference the specific provisions from which the variance is being sought and the date, time, and place of the Board meeting where the request will be discussed. Please note, certified mail will be sent at the owners expense and at least ten days prior to the meeting date.

