

# KINGS COUNTY DIVISION OF ENVIRONMENTAL HEALTH SERVICES

## UST PLAN CHECK APPLICATION \*

**Name of Project or Facility**

**Location Address/City**

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**Owner's Name**

**Phone**

**Mailing Address/City/Zip**

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**Contractor/ or Designer**

**Phone**

**Mailing Address/City/Zip**

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**Contact Person**

**Phone**

**Mailing Address/City/Zip**

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**Name of Party to be Billed if additional services are rendered†**

**Address/City/Zip**

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**Applicant's Signature**

**Date**

**Title/Organization**

	/ /	
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**Log No.**

**Type**

**Reviewer**

**Received Date**

**Response Date**

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### Services to be billed at \$107/Hr:

Hours	Date	From	To	Service Description

†Please note that any dry runs to the project location when an appointment has been scheduled and the contractor is not ready will be billed in addition to the flat fee.

\*Also include completed Unified Program UST Facility and Tank forms with this application.