

# GENERAL USAGE / TANK PERMIT APPLICATION

Lower Southampton Township Fire Marshal's Office

1500 Desire Ave ▪ Feasterville, PA 19053 ▪ Phone 215-357-7300 ext.311 ▪ Fax 215-357-6036

Permit #:	Township Contractor Registration #:
Application Date:	Applicant Name:
Address Where Work is Being Performed:	
Property Owner:	Phone #:
Business Owner:	Phone #:
Contractor Performing Work:	
Contractor Business Address:	Phone #:
Two Copies of Plans and One Set of Original Equipment Data Sheets:	
Type of Installation ( circle one )	New                      Addition                      Repair/Alteration

<b>Provide All Information Below For Tank Work</b>	
Location of Tank Being Removed:	
New Tank Installation Location:	
How Many Gallons Capacity Tank Being Removed:	
How Many Gallons Capacity Tank Being Installed:	
Reason For Tank Replacement:	
In Mitigation of Leaking Tank Needed:	
Description of Work:	
<b>FOR OFFICIAL USE ONLY</b>	
REMARKS:	
Plan Review Completed Date:	Permit Fee:
The above application has been approved by:	Date: