



Warrington Township

3400 Pickertown Road ♦ Chalfont, Pa 18914

Phone: 215-997-7501 ♦ Fax: 215-997-7539

Flammable and Combustible Liquids Tank Removal Permit Application

Application Date: _____

Property Information:

Owners Name: _____ Signature: _____

Owners Name: _____ Signature: _____

Address: _____ Phone: _____

_____ Other: _____

Applicant Information:

Applicant's Name: _____ Signature: _____

Title: _____ Phone: _____

Address: _____ Other: _____

City: _____ State: _____ Zip: _____

Contractor:

Firm Name: _____ Business Phone: _____

Address: _____ Fax: _____

City: _____ State: _____ Zip: _____

PA DEP Certification: Company #: _____ Individual #: _____ TWP Registration#: _____

Tank #1 ABOVE GROUND UNDERGROUND

Contents: _____ Capacity: _____ Anticipated Installation Date: _____

Tank #2 ABOVE GROUND UNDERGROUND

Contents: _____ Capacity: _____ Anticipated Installation Date: _____

Tank #3 ABOVE GROUND UNDERGROUND

Contents: _____ Capacity: _____ Anticipated Installation Date: _____

PA State Flammable and Combustible Liquids Permit Number: _____

I certify that all work shall be performed in accordance with all applicable federal, state, and local regulations and that all the information provided by me in this application is true, accurate, and complete to the best of my knowledge and belief.

Authorized Signature: _____ Printed Name: _____

ESTIMATED COST: \$ _____

FOR OFFICE USE ONLY:

Approved Denied

Inspector: _____

Fee: \$ _____