

APPLICATION FOR STORAGE TANK PERMIT

UNDERGROUND: _____

ABOVE GROUND: _____

PERMIT NO.: _____

DATE: _____

NAME OF COMPANY or OWNER: _____

ADDRESS: _____

PROPERTY OWNER: _____

LOCATION OF TANK(S) _____

NUMBER OF TANK(S) _____ Size: _____ Total Gal.: _____

CONTENTS TO BE STORED: _____

DATE TANK(S) TO BE INSTALLED / REMOVED: _____

IF NOT REMOVED, FILLED WITH _____

COMMENTS: _____

Fire Marshall of Limerick Township

NOTES:

1. Request copy of soil analysis (after removal of tank) to be submitted to Township.
2. Include: one (1) copy of plot plan showing location of tanks, copy of State license; copy of insurance.

PERMIT FEE: \$60.00 PER TANK

DATE PAID: _____

CHECK #: _____

CASH: _____