

## **BENSALEM TOWNSHIP**

## Fire Marshal's Office



Office (215) 633-3617 • Fax (215) 633-3662 For Inspections Call (215) 633-3644

Tank Installation/Rei	moval F	Permit Applicati	ion	Permit Number:  Date Issued:  Revision Date:
Owner:	Cont	ractor:		CERTIFICATION IN LIEU OF OATH:
Address:	Address:			(Complete for Minor Work and Small Job Only)
<u></u>		<u> </u>		I hereby certify that the proposed work is authorized by the owner of record and I have been authorized
Telephone:	Telep	phone No.:		by the owner to make this application as his agent.
Work Site Address:	Licer	nse No.:		
WHEN CHANGING CONTRACTORS YOU MUST NOTIFY THIS OFFICE			OFFICE	Agent Signature
INSTALLATION INFORMATION				
Approximate Installation Date				Check One
Number of Tank(s) Installed				Underground
Construction if Tank(s) Installed				
Capacity of Tank(s) Installed				Aboveground
Contents of Tanks(s) Installed				
REMOVAL INFORMATION				
Approximate Removal Date				Check One
Number of Tank(s) Removed				Underground
Construction if Tank(s) Removed				
Capacity of Tank(s) Removed				Aboveground
Contents of Tanks(s) Removed				
Is removal of tank prompted by knowledge of a leak?			Yes No No	
During Installation/Removal – if a leak is discovered contact the Fire Marshal's Office IMMEDIATELY				
FOR OFFICE USE ONLY				
Reviewer's Signature:		Date	Permit C	ost \$
Inspection Date:		Pass Fail	Inspector's Signa	ature:
Reviewer's Comments:				