



# BENSALEM TOWNSHIP

Department Of Public Safety

## FIRE RESCUE DEPARTMENT

2400 Byberry Road - Bensalem, Pa 19020  
Phone: 215-633-3617 - Fax: 215-633-3662

### Tank Installation/Removal Permit Application

Permit Number: \_\_\_\_\_  
Date sent to B&P: \_\_\_\_\_  
Date Issued: \_\_\_\_\_

Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Work Site Address: \_\_\_\_\_

Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
BTFR License #: \_\_\_\_\_

#### CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)  
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Agent Signature

**WHEN CHANGING CONTRACTORS, YOU MUST NOTIFY THIS OFFICE**

#### INSTALLATION INFORMATION

Approximate Installation Date:		Location of Tanks: <input type="checkbox"/> Underground <input type="checkbox"/> Aboveground
Number of Tank(s) Installed:		Capacity of Tank(s) Installed:
Contents of Tanks(s) Installed:		
Construction of Tank(s) Installed:		

#### REMOVAL INFORMATION

*Is removal of tank prompted by knowledge of a leak?*  Yes  No

Approximate Removal Date:		Location of Tanks: <input type="checkbox"/> Underground <input type="checkbox"/> Aboveground
Number of Tank(s) Removed:		Capacity of Tank(s) Removed:
Contents of Tanks(s) Removed:		
Construction of Tank(s) Removed:		

**During Installation/Removal – if a leak is discovered contact Bensalem Fire Rescue IMMEDIATELY**

#### FOR OFFICE USE ONLY

Fire Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Permit Cost: \_\_\_\_\_

Review Comments:

**CALL FOR REQUIRED INSPECTIONS (215) 633-3644**