

PERMIT APPLICATION

Lower Southampton Township Fire Marshal's Office

1500 Desire Avenue · Feasterville, PA 19053 · Phone 215-357-7300 X311 · Fax 215-357-6036

Permit #:	Township Contractor Registration #:		
Application Date:	Applicant Name:		
	Email:		
Address Where Work Is Being Performed:			
Property Owner:	Phone #:		
Business Owner:	Phone #:		
Contractor Performing Work:	Email:		
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
Provide All Information Below For Tank Work			
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:			
Is Mitigation Of Leaking Tank Needed:			
Description of Work:			
For Official Use Only			
REMARKS			
Plan Review Completed Date:	Permit Fee:		
The above application has been approved by:	Date:		