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:
Address Where Work Is Being Performed:	
Property Owner:	Phone #:
Business Owner:	Phone #:
Contractor Performing Work:	
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:

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