

BUCKINGHAM TOWNSHIP

P.O. Box 413, Buckingham, Pennsylvania 18912
Phone (215) 794-8834 • Fax (215) 794-8837

Website - www.buckinghampa.org



Tank Installation / Removal Application

Property Owner: _____ **Tax Parcel Number:** _____

Street Address: _____ **Phone Number:** _____

City/State/Zip: _____ **E-Mail:** _____

Address of Tank Location: _____

Contractor: _____ **Contractor Number:** _____

Address: _____ **Phone Number:** _____

Certified Tank Handling Co: _____ **Phone Number:** _____

Tank Company Address: _____ **PADEP Certification:** _____

Certified Individual Onsite: _____ **PADEP Certification:** _____

Tank Removal: ___ **Tank Installation:** ___ **Underground / Above Ground / Inside**

Is the tank regulated by PADEP? _____ If yes, attach a copy of the State Closure Notification

Remaining product and Tank bottoms to be disposed by: _____

Method tank will be stabilized prior to cutting (purging, inerting, etc): _____

How will tank be monitored for explosive vapors? _____

How will the tank be cut? _____

Where will the tank be disposed? _____

Applicants Name: _____

Applicants Signature: _____ **Date:** _____

Property Owners Signature: _____ **Date:** _____

Fire Marshal Approval: _____
Fee: _____ Check Number: _____
Permit Number: _____