

Haverford Township

Date: _____
Permit #: _____
Fee: _____
Est. Cost: _____

1014 Darby Road
Havertown, Pa. 19083
610-446-1000 Ext. 2251
Tank Removal Application Permit

Commercial: _____
Residential: _____

Address of Property: _____

Property Owner

Contractor

Name: _____
Address: _____

Phone: _____

Name: _____
Address: _____

Phone: _____

Tank Information

Tank Location: _____
Tank Capacity (gallons): _____ Substance Last Stored: _____
Tank Dimensions (diameter x length): _____

Disposal Information

Firm transporting waste: _____ State Lic.#: _____
Tank disposal yard: _____
Tank yard address: _____

Description of work:

I hereby acknowledge that I have read this application and state the above is correct and agree to comply with all Township ordinances and state laws.

The above application has been approved:

Applicant Signature

By: _____ Date: _____