

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: _____ E-Mail: _____

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: _____

Permit Number: _____

Fee: _____ Check Number: _____

Fire Marshal Approval: _____ Date: _____

Revised 9/2025