



**WARWICK TOWNSHIP**  
 Dept. of Planning & Zoning  
 1733 Township Greene, Jamison, PA 18929  
 Phone: (215) 343-6100  
[www.warwick-bucks.org](http://www.warwick-bucks.org)

**For Warwick Township Use Only**

**Check #:**  
**Check Amount:**  
**Received by:**

**BUILDING PERMIT APPLICATION FOR  
 ABOVE AND/OR UNDERGROUND TANK REMOVAL**

Permit #: \_\_\_\_\_

**Site/Contact Information**

Site Address: _____		Primary Contact Person (check one)	
Select: <input type="checkbox"/> Above-ground tank <input type="checkbox"/> Under-ground tank			
Property Owner	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	
Applicant	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	
Contractor	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	

**Project Details**

Identify Product Stored in Tank: \_\_\_\_\_

Tank size: \_\_\_\_\_ Gallons

Brief Description of Project: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pennsylvania Department of Environmental Protection Permit(s) attached:    Approved: Yes  No

Refer to the Pennsylvania Department of Environmental Protection website for more details.

<http://www.portal.state.pa.us/portal/server.pt?open=514&objID=589769&mode=2>

By signing this application, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. I/we grant permission to any municipal representative of Warwick Township to access the above property as stated within this application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Warwick Township Ordinances.

Print Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

The application together with the signed site plan and construction documents is made a part of this application by the undersigned. Furthermore, it is clearly understood and agreed to by the applicant and property owner that the Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant. The applicant and property owner also agree they are responsible for the replacement to Township standards of any Township road or infrastructure which is damaged during the building of the permitted structure and understands that the information provided on this application by the applicant(s) and property owner(s) is true and correct to the best of their knowledge or belief, and all information contained in this application becomes part of the public record. The applicant warrants the truthfulness of the information in the application, and that if any of the information provided is incorrect, the permit may be revoked. Furthermore, the application and permit can provide that if the permit is issued wrongfully, whether based on misinformation or an improper application of the code, the permit and certificate of occupancy may be revoked.

**For Township Use Only:**

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Approval to schedule tank removal. Tank shall be accessible for inspection at scheduled inspection time.

\_\_\_\_\_

Time and Date for Inspection

\_\_\_\_\_

Fire Marshal, Warwick Township

I verify that I have inspected the storage tank located at the above referenced site in accordance with any and all Township regulations regarding storage tank removal.

Was provision made to dispose of Tank per DEP Regulations? \_\_\_\_\_

Was any soil contaminated? \_\_\_\_\_

\_\_\_\_\_

Fire Marshal, Warwick Township

Approved: <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	date: _____
Approved: <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	date: _____
Approved: <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	date: _____
Approved: <b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	date: _____



## PLANNING FOR PERMANENT CLOSURE CHECKLIST UNDERGROUND STORAGE TANKS

- "Underground Storage Tank System Installation/Closure Notification Form" sent to appropriate DEP regional office with copy sent to Pennsylvania Department of Labor and Industry (or appropriate office in Philadelphia or Allegheny County) at least 30 days prior to initiating permanent closure."
- "Storage Tanks Registration/Permitting Application Form" submitted to appropriate DEP regional office, if the USTs are required to be registered and they are not."
- Pennsylvania "One-Call" contacted (800-242-1776) to have utilities mark their lines.
- Local municipality contacted to obtain any necessary permits or approvals for UST system closure.
- DEP certified installer hired to perform tank handling activities.
- Arrangements made for site assessment and laboratory analysis of samples collected.
- Material Safety Data Sheets (MSDS) obtained for all hazardous substances stored in the USTs to be closed.
- Arrangements made for treatment/disposal of any contaminated soils encountered.  
**NOTE:** Unless this item is specified in the contract, it can remain a continuing burden of the owner/operator.
- "Storage Tanks Registration/Permitting Application Form" obtained to amend facility status and submit to the Division of Storage Tanks after UST system closure is performed.  
**NOTE:** Unless an amended registration form is sent to the Division of Storage Tanks, Registration fees and USTIF billing will continue.