

DEPARTMENT OF FIRE
Phone: 610 865-7140
Fax: 610 997-5746
TDD: 610 865-7143

REQUEST FOR TANK INSTALLATION / REMOVAL PERMIT

(rev. 8/05) Please print information clearly:

Location of structure or site for tank installation and/or removal: _____

Property owner's name: _____

Property owner's address: _____ city: _____ state: _____

Property owner's phone: (_____) _____

Contractor's name: _____

Contractor's address: _____ city: _____ state: _____

Contractor's phone: (_____) _____

Applicant's name: _____

Applicant's address: _____ city: _____ state: _____

Applicant's phone: (_____) _____

Type of work to be done / Name, Number Type of Tanks: _____

PA ONE CALL # _____ Foreman name / Cert # _____ Company Cert # _____

APPLICATION MUST INCLUDE LEGIBLE **CURRENT** COPIES OF SITE PLAN LAYOUT FOR INSTALLATION

Permit fee (see [PERMIT CODES AND FEES](#)) payable by cash or check only – make check payable to:
"City of Bethlehem"

Fax or Mail to: City of Bethlehem
Department of Fire
Attention: Fire Inspection Bureau
Room 311A
10 E. Church Street,
Bethlehem, PA 18018

