



CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES

**APPLICATION FOR PORTABLE CHEMICAL TOILET PERMIT
NUMBER _____**

PART I APPLICATION AND SITE INFORMATION

1. Applicant Name _____
Address _____
Telephone No. Day () _____
Evening () _____

2. Site Address _____
Site Contact _____
Lot Number _____
Municipality _____
County _____

3. Event Duration (in days) _____

Number of Units _____

4. Type of Event

- Special Event (A one time event lasting more than 4 days or greater than 15 units)
- Temporary and On-going Seasonal Event (Including construction sites)
- Permanent Event

5. Dates of Event

Starting Date _____
Ending Date _____

PART II LOCAL AGENCY USE ONLY

	Application Status	
Fees Paid	<input type="checkbox"/> Complete Application	
Application \$ _____	<input type="checkbox"/> Received _____/____/____	
Other \$ _____	<input type="checkbox"/> Permit Issued _____/____/____	<input type="checkbox"/> Approved By _____
Total \$ _____	<input type="checkbox"/> Permit Denied _____/____/____	<input type="checkbox"/> Disapproved By _____
	<input type="checkbox"/> Revoked Permit _____/____/____	

PART III APPLICANT SIGNATURE

I certify that the above information and facts are correct to the best of my knowledge and belief.

Applicant Signature _____ Date _____