

CITY OF PHILADELPHIA  
DEPARTMENT OF PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES

## APPLICATION FOR PORTABLE CHEMICAL TOILET OR HOLDING/STORAGE TANK PERMIT

Number \_\_\_\_\_

### PART I APPLICATION AND SITE INFORMATION

<p>1. Applicant Name _____</p> <p>Address _____</p> <p>_____</p> <p>Telephone No. Day ( ) _____</p> <p style="padding-left: 100px;">Evening ( ) _____</p>	<p>2. Site Address _____</p> <p>_____</p> <p>Site Contact _____</p> <p>Lot Number _____</p> <p>Municipality _____</p> <p>County _____</p>
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3. Directions to the site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Event Duration (in days) \_\_\_\_\_ Number of Units \_\_\_\_\_

<p>5. Type of Event</p> <p><input type="checkbox"/> Special Event (A one time event lasting more than 4 days or greater than 15 units)</p> <p><input type="checkbox"/> Temporary and On-going Seasonal Event (Including construction sites)</p> <p><input type="checkbox"/> Permanent Event</p>	<p>6. Dates of Event</p> <p>Starting Date _____</p> <p>Ending Date _____</p>
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### PART II LOCAL AGENCY USE ONLY

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

### 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 \_\_\_\_\_