



**CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES**

**APPLICATION FOR PORTABLE CHEMICAL TOILET OR HOLDING TANK
PERMIT**

PART I APPLICANT AND SITE INFORMATION

1. Applicant Name _____ Company Name _____ Address _____ _____ Telephone Number _____	2. Site Address _____ _____ Site Contact _____ Portable Toilet Company _____ _____
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3. Number of Units _____

*** If a portable chemical toilet is to be placed in a residential area, it must be serviced at least every 48 hours.**

*** Portable Toilet Fee - \$50 per location**

*** Holding Tank Fee - \$100 per location**

4. Type of Event <input type="checkbox"/> Special Event (a one-time event lasting more than 4 days or greater than 15 units) <input type="checkbox"/> Temporary and On-Going Seasonal Event (including construction sites) <input type="checkbox"/> Permanent Event	5. Dates of Event Starting Date _____ Ending Date _____
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PART II APPLICANT SIGNATURE

I, the undersigned, certify that the information I have provided is a true and complete statement according to my knowledge and belief. I certify that I have read, understand, and agree to comply with the *Pennsylvania Sewage Facilities Act (Act 537)*.

Applicant Signature _____ Date _____

PART III LOCAL AGENCY USE ONLY

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