



**HILLTOWN TOWNSHIP**

13 West Creamery Road  
P.O. Box 260  
Hilltown, PA 18927  
(215) 453-6000 Fax: (215) 453-1024  
www.hilltown.org

**HOLDING TANK APPLICATION**

DATE: \_\_\_\_\_

**PROPERTY OWNER:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE No.: \_\_\_\_\_ Email: \_\_\_\_\_

**TAX MAP PARCEL NUMBER:** \_\_\_\_\_

**USE OF PROPERTY:**

EXISTING: \_\_\_\_\_

PROPOSED: \_\_\_\_\_

**ENGINEER (IF APPLICABLE):**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**HAVE THE FOLLOWING BEEN SUBMITTED WITH THIS APPLICATION?**

YES	NO	PROJECT DESCRIPTION
YES	NO	DETAILED CONSTRUCTION PLAN
YES	NO	APPROVAL FROM BUCKS COUNTY HEALTH DEPT.
YES	NO	HOLING TANK HAULING AGREEMENT

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

For Office Use Only:	Date Received: _____
	Fee: \$ _____ Check #: _____
	Escrow: \$ _____ Check #: _____
	Twp. Escrow Acct. # _____