



SPRING GARDEN TOWNSHIP

ADMINISTRATION • 340 TRI HILL ROAD, SUITE A

YORK, PA 17403-5709

PHONE NUMBER: 717.848.2858

APPLICATION FOR INSTALLATION OF A CHEMICAL TOILET

General Requirements:	
<ul style="list-style-type: none"> • If toilet is to remain for less than six months, it shall be located no less than 75' from any dwelling or building of human habitation. • If the toilet is to remain on the property for more than six months, it shall be installed no less than 200' from any dwelling or building of human habitation. • The permit may be issued for a period not to exceed 12 months, at which time the permittee may apply for a renewal of the permit. The permit fee is \$10. • Any chemical toilet installed and maintained shall be of a type approved by the Pennsylvania Department of Environmental Resources. 	

Applicant Information	
Name: (Last, First)	Tele #:
Full Address: (house #, street, city, state, zip)	

Name of Chemical Toilet Company:	
Name:	Tele #:
Full Address: (house #, street, city, state, zip)	

I hereby make application for a permit to install and maintain, for temporary use, and outdoor chemical toilet to be installed at:

Property Information	
Property Address:	UPI/Tax Map & Parcel Number:
Zoning District:	Ward:
Is the property in the floodplain?	<input type="radio"/> Yes <input type="radio"/> No
How many feet from the nearest dwelling or human habitation?	
How many months required?	

Certification	
Applicant's Signature:	Date:
Applicant's Address:	Tele #:
Applicant's Email:	

The applicant hereby avers that he above information is correct to the best of his/her knowledge and that the chemical toilet for which the permit is issued does meet the provisions of Ordinance #7, as herein stated.

Signature of Applicant	
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