



West Caln Township

PO Box 175

Wagontown, PA 19376

610.384.5643

Fax 610.384.9035

ZONING PERMIT APPLICATION - \$50.00 Fee

Date: _____

Name: _____

Street Address: _____

Mailing Address: _____

(if different)

Phone: _____

Tax Parcel #: _____

Zoning District: _____

Type & Size of Proposed Structure: _____

Estimated Project Cost: _____

An accurate Plot Plan showing the following must accompany this application:

Property lines with dimensions

Distance from proposed structure and property lines and/or abutting streets

All buildings, wells, and septic systems currently on the property

All streets and driveways on and bordering the property

Applicant Signature: _____

Date: _____

Zoning Approval: _____

Date: _____

Permit Fee Paid: _____

Permit Issue Date: _____