



West Caln Township

PO Box 175

Wagontown, PA 19376

610.384.5643

Fax 610.384.9035

Road Occupancy Permit Application - \$60.00 Fee

Applicant Name _____ Contact Person _____

Address _____ City _____ ST _____ ZIP _____

Phone _____ Fax _____ Email _____

Contractor Name _____ Contact Person _____

Address _____ City _____ ST _____ ZIP _____

Phone _____ Fax _____ Email _____

Name of Street(s) where work will take place *(include cross streets)* _____

Specific location where will the work take place _____
(Shoulder, edge, center, etc.)

Will road surface, curb or sidewalk be disturbed? Yes No

If yes, explain _____

Type of Pavement Effected: Concrete Asphalt Brick Tar & Chip *(Seal Coat)*

Length of excavation in paved area _____ Width of excavation in paved area _____

Length of boring within public road _____

Reason for work _____

Is this an emergency repair? Yes No If yes, explain _____

Applicant Signature _____

Date _____