



West Caln Township

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Wagontown, PA 19376

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## DRIVEWAY PERMIT APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(if different)*

Phone: \_\_\_\_\_

Tax Parcel #: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Description of Work: \_\_\_\_\_

*(Include approx sq. ft.)*

Approximate  
Cost: \_\_\_\_\_

Scheduled Date(s)  
of Work: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Application must include a plot plan showing location of existing and proposed structures***

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Fee Paid: \_\_\_\_\_

Permit Issue Date: \_\_\_\_\_

### IMPERVIOUS COVERAGE WORKSHEET

Due to new PA DEP requirements, all **EXISTING** and **PROPOSED** impervious coverage must be reported. The following items should be shown on your plot plan. Please submit this worksheet with your Building or Zoning Permit application.

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Today's Date: \_\_\_\_\_  
Tax Parcel ID: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Zoning District: \_\_\_\_\_

Total Sq. ft. of lot: \_\_\_\_\_  
Sq. ft. of footprint home: \_\_\_\_\_  
Sq. ft. of driveway: \_\_\_\_\_  
Sq. ft. of sheds/barns: \_\_\_\_\_  
Sq. ft. of detached garage: \_\_\_\_\_  
Sq. ft. of pool/hot tub: \_\_\_\_\_  
Sq. ft. of sidewalks: \_\_\_\_\_  
Sq. ft. of patios: \_\_\_\_\_  
Sq. ft. of decks: \_\_\_\_\_  
Sq. ft. of porches: \_\_\_\_\_  
Sq. ft. of any other impervious surfaces on property: \_\_\_\_\_  
Identify "other": \_\_\_\_\_

**PROPOSED** Sq. Ft. of additions, patios, sidewalks, etc.: \_\_\_\_\_

<p><b>Total impervious coverage allowed in this district:</b> _____ %</p> <p><b>Total impervious coverage:</b> _____ sq. ft./: _____ %</p>
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