



**West Caln Township**

PO Box 175

Wagontown, PA 19376

610.384.5643

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**Road Occupancy Permit Application**

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 \_\_\_\_\_