

WEST PIKELAND TOWNSHIP

1645 Art School Road

Chester Springs, PA. 19425

Phone: 610-590-5300 Fax: 610-228-3477

Email: office@westpikeland.com

Website: www.westpikeland.com

APPLICATION FOR EARTHMOVING PERMIT

Property Owner of Record:

Name: _____

Address: _____

Telephone: _____ Cell Phone: _____ Fax: _____

Applicant/Contractor:

Name: _____

Address: _____

Telephone: _____ CellPhone: _____ Fax: _____

Work Location: _____

Description of Planned Operation:

Equipment anticipated to be used: _____

Delineation of Limits of Work (Square Feet or Acres): _____

Area to remain undisturbed which currently has an effective Runoff & Erosion resistant Ground Cover or Surface (Square Feet or Acres) _____

Areas of proposed Fill (if applicable): _____

Existing Topography: Level: _____ Gradual Slope: _____ Steep Slope: _____ Degree: _____

Will Earthmoving alter this Topography with Finished Grade? _____

If so, describe: _____

Will established drainage and/or Erosion at Work-Site be altered? _____

If answer is "yes", explain: _____

Has a Runoff & Erosion Plan been prepared by an Engineer? Yes _____ No _____

If no Plan has been submitted, what control measures to prevent runoff & erosion will be used: _____

*NOTE: Applicant must take adequate measures necessary to control soil erosion and/or runoff onto public roads and adjoining properties.

Work scheduled to begin: _____ (Work must be commenced within 30 days from issuance of Permit)

Work scheduled to be completed: _____ (Work must be completed within one year)

Applicant certifies that the above information is accurate to the best of his knowledge and agrees to pay such fees as are applicable in advance of the issuance of an Earth Moving Permit. Pursuant to Section 4-b of Ordinance No, 16, West Pikeland Township Runoff and Erosion Control Ordinance, applicant may be required to furnish Certificate of Insurance.

_____ Signature of Applicant