



CONSTRUCTION TRAILER PERMIT

Permit # _____

Date Issued _____

OWNER: _____

ADDRESS: _____

PHONE: _____

JOB SITE LOCATION: _____

How many trailers at the site? _____ STORAGE _____ OFFICE _____

Is electric supplied to trailers? _____

If above answer is yes, third party electrical inspection is required. (Refer to attached list)

If trailer will have phone and fax, please supply this office with those numbers.

Phone _____ Fax _____

SEE FEE SCHEDULE ON THE TOWNSHIP WEBSITE, FEES ARE NON-REFUNDABLE

In space below, or attach, provide site plan showing location of trailer(s).

DEPARTMENT OF BUILDING & LIFE SAFETY

Raymond Stackhouse, Director

253 Municipal Dr, Thorndale, PA 19372 | Phone: 610-384-0600 | Fax: 610-384-0689

codes@calntownship.org | www.calntownship.org