



SURFACE OPENING
SEWER LATERAL
WATER SERVICE
PERMIT APPLICATION

Property Location:

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

Contractor Information: State Cert. # _____

Name: _____

Address: _____

Phone #: _____

E-Mail: _____

NO ROAD OPENINGS WILL BE ISSUED BETWEEN DECEMBER 1-MARCH 1 PER TOWNSHIP ORDINANCE. IN THE EVENT A PERMIT IS ISSUED PRIOR TO THIS TIME PERIOD AND IS ACTIVE, ANY ROAD OPENING DURING THE DECEMBER 1-MARCH 1 PERIOD WILL REQUIRE AN EMERGENCY FEE

PERMIT TYPE

- Sewer Lateral installation/Repair
- Water Service Repair
- Right of Way
- Emergency ROW
- Other

Explanation: _____

PERMIT FEES DUE AT TIME OF PERMIT APPLICATION

ESCROW PAYMENT DUE AT TIME OF APPLICATION

TYPE AND SIZE OF LINE BEING REPAIRED (if applicable): _____

All contractors installing and/or repairing sewer laterals must be registered in Caln Township. Septic system shall be abandoned per Chester County Health Dept. requirements (if applicable)

All sewer lateral installations and/or repairs must conform to the Caln Township Municipal Authority's Technical Specifications for Construction of Sewer Mains and Appurtenances as amended

Contractors must sign the sewer permit the day the connection is inspected. Road restorations must comply with information contained in the Caln Township Ordinances. All disturbed areas must be stabilized with proper erosion control methods.

General: Anticipated start date: _____ Anticipated completion date: _____

PA One Call Notification Serial Number: _____

Dimensions: Width of openings: _____ ft Length of openings: _____ ft
 Approximate depth of excavation (avg.): _____ ft
 Approximate area of excavation: _____ sf

Pipe Lines and Conduits: The improved surface of the road (will) (will not be) be opened.

DO NOT WRITE IN THIS SPACE – FOR OFFICE USE ONLY

Permit # _____ Approved by: _____ Fee: _____ Date Issued: _____

REMARKS:

DEPARTMENT OF BUILDING & LIFE SAFETY

Raymond Stackhouse, Director

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