

WEST EARL TOWNSHIP

157 W. Metzler Rd
P.O. Box 787
Brownstown, PA 17508
Phone: (717) 859-3201
Fax: (717) 859-0787

Office Use Only

Date of Receipt: _____
Permit Number: _____
Zoning District: _____
County Parcel ID Number: 210- _____

APPLICATION FOR CURB/SIDEWALK PERMIT

Date: _____ Property Location: _____

Applicant's Name: _____ Telephone No. _____

Address: _____

Owner's Name: _____ Telephone No. _____

Address: _____

Contractor's Name: _____ Telephone No. _____

Address: _____

Type of work

Will you be repairing or replacing a driveway apron: _____

Replace existing sidewalk: _____ Amount of curb to be replaced or repaired: _____ linear feet

Repair existing sidewalk: _____ Amount of sidewalk to be replaced or repaired: _____ square feet

Construct new curb and sidewalk where none previously existed: _____

Amount of new curb: _____ linear feet Amount of new sidewalk: _____ square feet

Is the work on a PennDOT road: _____ If yes, has a Highway Occupancy Permit (HOP)* been obtained: _____

*An HOP is required by PennDOT for any curb work done on a state road. If you have questions about PennDOT HOPs please contact PennDOT District 8 at (717) 787-6653.

Remarks: _____

All work shall be completed in accordance with the Township's specifications for curb, sidewalk and driveway aprons. Please provide the attached specifications to your sidewalk contractor.

Attach a sketch plan showing the following:

1. Lot Dimensions
2. Curb and sidewalk location
3. Curb and sidewalk length and width
4. Distance from the edge of curb and sidewalk to building and property lines
5. Building locations

_____ **Date**

_____ **Applicant's Signature**

For Zoning Officer's Use Only

The application is: Approved () Denied ()

_____ **Date**

_____ **Zoning Officer's Signature**

Comments: _____