



West Pikeland Township

1645 Art School Road | Chester Springs PA 19425
westpikeland.com | 610-590-5300 | office@westpikeland.com

APPLICATION FOR EARTHMOVING PERMIT

PROPERTY OWNER OF RECORD INFORMATION

Name: _____

Street Address: _____

City, State & Zip: _____

Location of Work (if different from above): _____

Phone: _____ Email: _____

APPLICANT/CONTRACTOR INFORMATION

Company Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____ Email: _____

DESCRIPTION OF PLANNED OPERATION

Blank area for describing the planned operation.



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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 have commenced within thirty (30) days from issuance of Permit

Work scheduled to be completed: _____
Work must be completed within one (1) year from issuance of Permit

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: _____

Date: _____