TOWNSHIP OF FRAZER

Pennsylvania

CONSTRUCTION TRAILER PERMIT APPLICATION

1.	Applicant Name:		
	Address:		
	Telephone:	Fax:	
2.	Applicant's Contact Person:		
	Address:		
	Telephone:	Fax:	
3.	Construction Project:		
4.	Property Location:		
	Block/Lot No:		Zoning District:
5.	Property Owner's Name:		
	Address:		
	Telephone:	Fax:	
6.	Trailer Occupant's Name:		
	Address:		
	Telephone:	Fax:	
7.	Trailer Size:	square feet.	
8.	Trailer License/Serial No.:		
9.	Anticipated Duration of Trailer Installation:		
10	. Reason for Trailer Installation:		

- 11. Documentation: The applicant must provide/submit the following documents with this application, in addition to any other information required by the Township:
 - a. Location Map: A map showing the location of the trailer or the subject property.
 - b. Application Fee: Full payment of the application fee and any deposit required by the Township Fee Resolution.

Notes: An incomplete Application will be returned to applicant. An Application will be considered incomplete unless or until the appropriate documentation is filed with the Township and the application fee and deposit are paid in full.

A separate permit application is required for each individual construction trailer.

The Applicant/Owner hereby certifies that the statements made herein and the representations contained in all accompanying drawings, documents and materials made part of this application are true and correct. The Applicant/Owner is responsible for reviewing and fully understanding all Permit conditions and requirements and insuring compliance with all applicable Federal, State, County and Township laws and regulations.

		ne proposed work is authorized by the property owner of record and owner to make this application as his authorized agent.	d
Date: _	Applic	ant Signature:	
Permit 1	fee: \$400.00		
*****	********	****************	*
OFFIC.	E USE ONLY		
	Date Application Filed:	Filed With:	
	Amount of Fee/Deposit Paid:	Date Fee Paid:	
	Township Permit No.:	Date Permit Issued/Denied:	