

**CAERNARVON TOWNSHIP
BERKS COUNTY, PA**

**APPLICATION FOR SIDEWALK REPAIR,
REPLACEMENT OR INSTALLATION**

PROPERTY OWNERS NAME - _____

PROPERTY ADDRESS - _____

PROPERTY OWNERS PHONE NUMBER - _____

CONTRACTORS NAME - _____

CONTRACTORS ADDRESS - _____

CONTRACTORS PHONE NUMBER - _____

I _____ AM APPLYING TO REPAIR, REPLACE
OR INSTALL A SIDEWALK AT THE ABOVE LOCATION. I AGREE TO COMPLY
WITH THE CAERNARVON TOWNSHIP REGULATIONS SET FORTH IN
ORDINANCE #168 AND THE ATTACHED SPECIFICATIONS.

PROPERTY OWNERS SIGNATURE - _____

DATE OF PERMIT APPLICATION - _____

THE APPLICANT WAS GIVEN ACCESS TO ORDINANCE #168 AND THE
ATTACHED SPECIFICATIONS - _____