



BOROUGH of WEST HAZLETON

100 South 4th Street
West Hazleton, PA 18202
570-455-7851 (v) 570-455-4223 (f)
Email: whb1@ptd.net



CERTIFICATE OF PRESERVATION OF PUBLIC SAFETY APPLICATION AND PERMIT

Date: ____/____/____

Contractor Name: _____

Contractor Street Address: _____

City / State / Zip: _____

Contractor Phone: _____ Fax: _____ Email: _____

Location of work to be performed: _____

Description of work to be performed: _____

Approximate time to complete work: _____

Permit Fee Paid (\$25.00): Yes: ☐ No: ☐ Check #: _____

Official Use Only – DO NOT Write Below This Line

Date Site Inspected: ____/____/____

Number of Patrol Cars/Officers Needed: Cars: _____ Officers: _____
(if none check here:) ☐

Flaggers Needed: Yes: ☐ No: ☐ Provided by: _____

Permit Issued: Yes: ☐ No: ☐ Permit #: _____

Chief of Police Signature: _____ Date: _____