APPLICATION FOR
EARTH EXCAVATION/FILL PERMIT

Dated submitted: _____

NAME OF APPLICANT _____

Address _____

Telephone No. _____

_____
Applicant's signature

NAME OF PROPERTY OWNER _____
(If different from above)
Address _____

Telephone No. _____

_____
Owner's signature

Is the owner of this property aware of this application? Yes _____ No _____

PROPERTY DATA
Address of property _____

Zoning District _____

Stream, watercourse, water body or wetland Yes _____ No _____

EXCAVATION DATA
Volume to be Removed _____cubic yards

Time of Excavation Period _____months

Daily operating hours _____A.M. to _____P.M.
(Except Sunday when no excavation is permitted)

Largest Volume Truck _____cubic yards or _____tons

Greatest Number of Daily Truck Trips _____

Plans Prepared By:
Name: _____

Address_____

Profession _____

Telephone No. _____

Correspondence should be directed to:

_____

_____

_____

(2/2010)