

APPLICATION FOR SOIL REMOVAL PERMIT

(Ordinance Chapter 134)
Township of Independence
County of Warren

Date: _____

Block: _____ Lot: _____

Owner: Name: _____
Address: _____

Applicant: Name: _____
Address: _____

Agent: Name: _____
Address: _____

Period for which permit is sought: _____

The maximum period shall be two (2) years for minor facilities.

Applicant's Signature

Date

The applicant must also submit the following documentation:

- Certification by the owner acknowledging the application.
- The estimated quantity of material to be removed yearly and total estimated quantity to be removed during the life of the permit.
- A statement describing equipment used directly or indirectly in the soil removal operation and whether or not the said soil removal operation is conducted above or below the groundwater level.
- Township roads to and from the proposed site which will be regularly used in transporting soil removed.
- A map based on the Tax Map or similar accurate basis of the premises for which a permit is sought showing the Tax Map lot and block number, adjoining properties within 200 ft., the names and addresses of adjoining property owners and the extent of the area to be disturbed.
- A statement by the applicant (where applicable) that:
 - (1) The most recent certified plan on file with the Township is valid and;
 - (2) The intended operations will be compatible with the certified plan.

Fees: Application: \$ _____ Deposit: \$ _____

Date: _____ Approved: _____
Municipal Engineer

Permit No.: _____

Finelli Consulting Engineers, Inc.
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Washington, New Jersey 07882

