

APPLICATION FOR SOIL MOVING

APPLICANT _____ TELEPHONE _____

ADDRESS _____

OWNER _____ TELEPHONE _____

SITE ADDRESS _____

BLOCK _____ LOT _____

DESCRIPTION / PURPOSE OF WORK _____

ROADS TO BE USED TO AND FROM THE SITE _____

SOIL MOVING CALCULATIONS: PLEASE COMPLETE ALL

| | |
|-------------------------------|--|
| TOTAL CUT | |
| TOTAL FILL | |
| TOTAL IMPORT | |
| TOTAL EXPORT | |
| GRAND TOTAL EXCAVATION | |

KIND AND QUALITY OF SOIL TO BE IMPORTED/EXPORTED _____

KIND AND QUALITY OF SOIL TO BE EXPORTED _____

STARTING DATE _____ COMPLETION DATE _____

FEE: PER CHAPTER 84-8 SOIL MOVING ORDINANCE

TOTAL QUANTITY MOVED CUBIC YARDS _____ X \$.25 = * _____

MINIMUM FEE: * \$75

TOTAL: _____ **FEE PAID/CHECK #** _____

APPLICANTS SIGNATURE

DATE

BOROUGH ENGINEER (IF NEEDED)

DATE

CONSTRUCTION OFFICIAL

DATE