

BOROUGH OF MOUNTAIN LAKES

400 Boulevard

Mountain Lakes, NJ 07046

Phone 973-334-3131

Fax 973-402-5595

APPLICATION FOR SOIL MOVING PERMIT

___ **Major** (Include 14 copies of this application and site plans)

___ **Minor** (Include 4 copies of this application and site plans)

Applicant/Owner: _____ E-mail: _____

Address: _____ Phone: _____

Location of Property: _____

Block: _____ Lot: _____ Area of Parcel: _____ s.f. _____ ac.

Contractor: _____ E-mail: _____

Address: _____ Phone: _____

Area to be disturbed: _____ sq ft Elev. Change (ft.): _____ avg. _____ max.

Total volume of soil movement: _____ c.y.

Amount of soil to be removed: _____ c.y.

Amount of soil to be imported: _____ c.y.

Proposed Commencement of Work Date _____

Proposed Completion of Work Date _____

NOTE: The application must be accompanied by plans, maps and/or survey indicating:

- All areas of disturbance
- Original grades and proposed grades
- All areas where fill will change grade by more than 4 inches
- Slope percentage of property (prior to and after excavations)
- A map showing routes of travel and fill areas

See Ordinance 102-9 thru 102-17 for a complete description of all requirements.

Permit is valid for one year from date of approval. All work must be complete and an as-built plan submitted for final approval.

Applicant _____ Signature _____ Date _____

Owner _____ Signature _____ Date _____

OFFICE USE ONLY

Submitted Date: _____

Office Review: Approved ___ Rejected ___ By _____ Date _____

Engineer review: Approved ___ Rejected ___ By _____ Date _____

Final Inspection: Approved ___ Rejected ___ By _____ Date _____