



LOWER POTTS GROVE TOWNSHIP

Application for Grading Permit

FOR TOWNSHIP USE ONLY

Date Received: _____

Permit No: _____

App. Fee Paid: _____

Escrow Fee Paid: _____

Approved: _____

SUBMISSION REQUIREMENTS

- | | |
|---|---|
| <input type="checkbox"/> 2 Copies of the Completed and Signed Application | <input type="checkbox"/> Check for Applicable Application Fee |
| <input type="checkbox"/> 2 Copies of the Grading Plan, Specifications, & Schedule | <input type="checkbox"/> Check for Applicable Escrow Fee |
| <input type="checkbox"/> 2 Copies of the E&S Control Plan | |
| <input type="checkbox"/> 2 Copies of the NPDES Permit | |
| <input type="checkbox"/> 2 Copies of the Drainage Study | |

APPLICANT INFORMATION

Applicant Name/Company/Title/Address: _____

Phone: _____

Alt. Phone: _____

Fax: _____

Email: _____

Applicant's interest in the property in question, or relationship to property owner:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Legal Owner (<i>owner on deed</i>) | <input type="checkbox"/> Equitable Owner (<i>property under agreement of sale</i>) | <input type="checkbox"/> Lessee |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Engineer | <input type="checkbox"/> Architect |
| <input type="checkbox"/> Other: | | |
- ☐ Yes ☐ No Is Applicant point of contact? *If no, provide name and contact information for application contact.*

Contact Name/Company/Title/Address: _____

Phone: _____

Alt. Phone: _____

Fax: _____

E-mail: _____

LOCATION OF GRADING ACTIVITY

Property Address, City, State, Zip _____

Tax ID #(s): _____

Zoning District: _____

Lot Acreage: _____ # of Lots: _____

Acreage to be Graded: _____

☐ Approved Subdivision/Land Development Plan

Property Owner Name and Address (If different from above): _____

Phone: _____

Alt. Phone: _____

Fax: _____

E-mail: _____

TYPE AND SCOPE OF WORK (Explain limit of work)

- | | | | | |
|---|--------------------------------------|--------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Building(s) | <input type="checkbox"/> Addition(s) | <input type="checkbox"/> Site Work | <input type="checkbox"/> Accessory Structure(s) |
| <input type="checkbox"/> Nonresidential | <input type="checkbox"/> Building(s) | <input type="checkbox"/> Addition(s) | <input type="checkbox"/> Site Work | <input type="checkbox"/> Accessory Structure(s) |

CERTIFICATION

I, the undersigned, understand that only clean fill shall be used and hereby certify the above information to be correct and hereby state that work to be performed will be as presented herein.

Signature of Applicant

Date

Printed Name of Applicant

Title