

## **Borough of Keyport**

OFFICE OF THE CONSTRUCTION DEPARTMENT PO Box 60, 70 West Front Street, Keyport, NJ 007735

## APPLICATION FOR SOIL REMOVAL PERMIT AS PER CHAPTER 17, REVISED GENERAL ORDINANCES

1.	Project Name:		
	Project Address: _		
	Block:	Lot (s):	Tax Map Sheet:
2.	Owner's Name:		Phone:
	Address:		
3.	Applicant's Name:		Phone:
	Address:		
	Relationship to Ow	ner:	
4.	Person/Firm Prepa	ring Application:	
	Address:		
	Profession:		Phone:
	Email Address:		
5.	authorizing the ap		provide a letter from the owner of the land, ion and to remove/fill soil according to the ch letter to this application).
ô.	A description of the	land in question:	

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7.	Proposal for:	Soil Removal Pe	rmit		Soil Fill Perm	it			
8.	Estimate the quantity o	f soil to be moved in cubic y	ards:						
9.	Borough of Keyport:	l or importing of soil, estim							
10.		quare yards, in which soil re							
11.	The dates of commend	ement and completion of the							
	Commencement:		Comp	oletion:					
	The completion date in no event may exceed one (1) year from the date of the approval of the application. Thus, the application is valid for a one-year period.								
12.	Estimate the type and i	number of machines and oth	ner equipm	ent to be	used in the op	eration:			
13.		inishing time during which s			•				
	Start:	Fir	nish:						
14.	The location(s) to which	h it is proposed that the soil	will be rem	noved:					
15.	Describe the hauling ro	oute for the soil removal/fill:							

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16.	access to the area:	ep children	and other	unwary	persons	from (	gaining
17.	Contractor for soil removal/fill:						
	Contractor:		Phone	e:			
	Number of Daily Trips:		Truck	Size: _			
18.	For Soil Removal: (Check box if provide Provide a written description for the r disposal site.	, —	the soil an	d copy	of appro	oval fro	om the
	For Soil Fill: (Check box if provided) Provide a copy of soil testing report for a		d fill.				

- 19. TOPOGRAPHICAL MAP Accompanying the application there shall be filed a topographical with cross-sections map in triplicate of the land upon which the proposed soil removing operations are to be conducted and all surrounding lands within two hundred (200) feet of the perimeter of the land which is the subject matter of the application, prepared and certified by a licensed professional civil engineer or land surveyor of the State of New Jersey on the scale of not less than one (1) inch to one-hundred (100) feet, and based upon the United States Coast and Geodetic Survey Datum showing both as to the land and as to all of the surrounding land.
  - a) The dimensions of the land and the lot and block number of the land and of each lot surrounding the land within two hundred (200) feet thereof shown on the current tax assessment map of the Borough.
  - b) The present grade on a fifty (50) foot grid layout with contour lines at two foot levels up to and including twenty (20) acres, one hundred (100) foot grids with contour lines at five foot levels. Where access to adjoining lands is not permitted, the contour lines of the perimeter lands shall be taken from the available State of New Jersey or United States Coast and Geodetic Survey Map of the particular area.
  - c) The existing elevations of all buildings, structures, streets, streams, bodies of water and water courses, natural or artificial.
  - d) All wooded areas.
  - e) The proposed finished grades when the work has been completed with the same requirements as contained therein.
  - f) The quantity in cubic yards of the soil involved in the work
  - g) The average depth of topsoil as determined by taking borings in approximate center of each 50 or 100 foot grid.
  - h) Location of truck access and tracking pad as necessary.

Soil Removal/F	ill#
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20.	The	<b>Applicant</b>	must	supply	with	the	application	, written	approval	from	the	Freehold	Soil
	Cons	servation [	District	of plans	s for t	the r	emoval/fill c	of the soil	. (Check b	ox if	orovi	ded)	

21. FEES – A non-refundable fees of \$250.00 shall be paid to the Borough upon the filing of an application.