

**TOWNSHIP OF BYRAM
APPLICATION FOR EXCAVATION PERMIT**

This application and complete documentation must be filed with the Health Dept. in accordance with all applicable requirements of the current Byram Twp. ordinances.

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Application is hereby made for **License for Excavation** as described below. It is agreed that approval of the application is contingent upon the accuracy and completeness of the data contained herein:

1. Block, Lot and Address of Property:

2. Name of Owner: _____

3. Mailing Address of Owner: _____

4. Engineer and/or Septic Contractor: _____

5. Location upon property of the proposed excavation:

 - a. Plan or detailed description: _____
 - b. Depth of excavation: _____
 - c. Purpose of excavation: _____

6. Provisions for covering excavation for period of time that excavation shall be unattended: _____

Fee: _____ Check # _____ Date: _____

Signature of Applicant