

**BYRAM TOWNSHIP
APPLICATION FOR SOIL REMOVAL**

NAME OF OWNER	BLOCK	LOT	ADDRESS OF TRACT FROM WHICH SOIL TO BE REMOVED
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PHONE NUMBER OF APPLICANT

EMAIL ADDRESS OF APPLICANT

NAME AND ADDRESS OF APPLICANT (IF NOT THE OWNER)

NAME AND ADDRESS OF PERSON WHO WILL DO THE WORK OF REMOVING THE SOIL

ATTACH MAP OF PREMISES FOR WHICH THE PERMIT IS SOUGHT, SHOWING THE EXISTING TOPOGRAPHICAL CONTOUR LINES OF THE LAND INVOLVED AND ABUTTING LANDS AND ROADS, THE PROPOSED TOPOGRAPHICAL CONTOUR GRADES WHICH WILL RESULT FROM THE INTENDED SOIL REMOVAL AND THE LOCATION OF ANY STREAMS OR OTHER BODIES OF WATER NEAR THE PREMISES.

DESCRIPTION OF ANY PROCESSING OF THE SOIL WHICH WILL BE DONE ON THE PREMISES, INCLUDING DESCRIPTION OF THE EQUIPMENT AND PLANTS OF SUCH PROCESSING EQUIPMENT FACILITIES

NUMBER OF CUBIC YARDS TO BE REMOVED PURSUANT TO THE PERMIT

ROUTES TO AND FROM THE PROPOSED SITE TO BE USED IN TRANSPORTING SOIL REMOVAL

PERIOD FOR WHICH THE PERMIT IS SOUGHT

TOWNSHIP ENGINEER'S REPORT AND RECOMMENDATION

FOR ADMINISTRATIVE USE ONLY

FEE COLLECTED

CHECK

CASH

PROCESSED BY: