

Township of Washington, Bergen County, New Jersey
APPLICATION FOR SOIL MOVING PERMIT (revised June 2015)

Application Date: _____

1. Township of Washington Tax Assessment Map, description of land which soil permit is for:
Site Address: _____ Block(s): _____ Lot(s): _____
2. Property Owner Name: _____
Address: _____ Phone: _____
Email: _____ Cell: _____
3. Applicant (if different from Owner): Name: _____
Company: _____ Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____
4. Is Applicant circle one: Developer Individual Partnership
 Excavator Corporation Other (specify): _____
5. If Partnership: Name: _____
Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____
6. If Corporation: Name of Registered Agent: _____
Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____
7. Party Responsible for Notes & Correspondence: Name: _____
Address: _____
Phone: _____ Cell: _____ Fax: _____
Email: _____
8. Purpose of Soil Operation:
_____ To grade land by moving soil from **WITHIN** the property lines.
_____ To grade land by removing soil to place **OUTSIDE** the property lines (specify):
 a. Place to which soil will be removed: _____
 b. Kind of soil to be removed: _____
_____ To grade land by filling in. Other (specify): _____
9. Type of Soil to be removed:
Top Soil: _____ Cubic Yards: Sub Soil: _____ Cubic Yards
Sand: _____ Cubic Yards: Gravel: _____ Cubic Yards
10. Total Quantity of soil to be moved:
Excavation: _____ Cubic Yards: Fill: _____ Cubic Yards
11. Does Topographical Map required by Ordinance No. 82-3 accompany this application?
 _____ yes _____ no
12. Date proposed work will be completed in accordance with Topographical Map and requirements of Ordinance No. 82-3: _____
13. Provide a statement as to how the moving of the soil will affect all trees with a diameter of six (6) inches or more: _____
14. Signature of Owner: _____ Date: _____
Print Name: _____