

**TOWNSHIP OF WASHINGTON, BERGEN COUNTY, NEW JERSEY
APPLICATION FOR SOIL MOVING PERMIT**

Please submit to the Clerk's Office (2nd Floor) 350 Hudson Avenue

1. Township of Washington Tax Assessment Map; description of land which Soil Permit is for:
Site Address: _____ Block: _____ Lot: _____
2. Property Owner Information:
Name: _____ Address: _____
Phone: _____ Email: _____
3. Applicant (if different from Owner) Information:
Name: _____ Company: _____
Phone: _____ Email: _____
4. Is Applicant: (please check one/provide contact information below)
 Developer Individual Partnership Excavator Corporation Other _____
Name: _____ Address: _____
Email: _____ Phone: _____ Fax: _____
5. Party Responsible for Notes/Correspondence: _____
Email: _____ Phone: _____ Fax: _____
6. 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. Specify: _____
7. Type of soil to be removed:
 Top Soil/Cubic Yards: _____ Sub Soil/Cubic Yards: _____
 Sand/Cubic Yards: _____ Gravel/Cubic Yards: _____
8. Total Quantity of soil to be moved:
 Excavation/Cubic Yards: _____ Fill/Cubic Yards: _____
9. Does Topographical Map required by Ordinance No. 82-3 accompany this application? Yes No
10. Date proposed work will be completed in accordance with Topographical Map and requirements of Ordinance No. 82-3: _____
11. Provide a statement as to how the moving of the soil will affect all trees with a diameter of six (6) inches or more: _____

FEES: Two separate checks payable to the "Township of Washington"

\$50.00 Application Fee \$350.00 Engineering Fee

Signature: _____ Print: _____ Date: _____