APPLICATION FOR SOIL MOVEMENT PERMIT

NOTE: This application must be filed in duplicate with the Planning/Zoning Board Secretary.

Filed:_____ Fee Paid: _____

_____

TO THE BOROUGH OF OAKLAND:

Application is hereby made pursuant to the provisions of Ordinance entitled "AN ORDINANCE TO REGULATE AND CONTROL THE MOVING OF SOIL IN AND UPON THE LANDS IN THE BOROUGH OF OAKLAND, N.J. IN THE COUNTY OF BERGEN" for a soil permit as follows:

Date:_____

1. APPLICANT'S NAME _____
2. APPLICANT'S ADDRESS _____
   _____
   _____Phone No._____
3. WHO IS RESPONSIBLE FOR NOTICES AND CORRESPONDENCE?
   Name _____
   Address _____
   _____Phone No._____
4. BLOCK_____LOT_____
   Description of Lands on which soil permit is to cover_____
   _____
5. OWNER OF PROPERTY ON DATE OF APPLICATION
   Name_____
   Address_____
6. WHAT IS THE INTEREST THAT THE APPLICANT HAS IN THE LAND IN QUESTION? _____
7. PURPOSE OF OPERATION:
   _____To grade land by moving soil WITHIN property line
   _____ To grade land by removing soil to place OUTSIDE property line
   a) Place to which soil will be removed _____
   b) Kind of soil to be removed _____
   _____ To grade land by filling in
   _____ Other (specify) _____
   What disposition will be made of top soil _____
   For what purpose will land be used _____
8. KIND OF SOIL TO BE REMOVED:
   _____Top Soil_____cu.yds. _____Subsoil_____cu.yds.
   _____Sand_____cu.yds. _____Gravel _____cu.yds.
   _____ Other (specify kind and quantity) _____
9. TOTAL QUANTITY TO BE MOVED: _____
10. DOES TOPOGRAPHICAL MAP ACOMPANY THIS APPLICATION? _____
11. ON WHAT DATE WILL PROPOSED WORK BE COMPLETED? _____
12. PROPOSED HOURS AND DAYS OF OPERATION _____
13. NAME AND ADDRESS OF CONTRACTOR SUPERVISING PROPOSED EXCAVATION WORK _____
14. PERSON IN CHARGE OF HAULING OPERATION _____

_____

15. NUMBER, CAPACITY, TYPE & DESCRIPTION OF EQUIPMENT USED AND NUMBER OF TRUCK LOADS:
    _____ _____ _____ _____
    _____ _____ _____ _____
    _____ _____ _____ _____

16. ROUTES OVER WHICH MATERIAL WILL BE TRANSPORTED AND METHOD OF TRAFFIC CONTROL _____
    _____

17. METHOD OF NOISE AND DUST ABATEMENT _____
    _____

18. NUMBER OF TREES TO BE REMOVED _____

19. METHOD LATERAL SUPPORT AND EROSION, FLOOD AND SILT CONTROL _____
    _____
    _____

20. METHOD OF PROTECTION FOR DOWN STREAM PROPERTIES _____
    _____

I FURTHER AGREE THAT I WILL FURNISH ANY OTHER PERTINENT DATA AS THE PLANNING/ZONING BOARD AND THE MAYOR AND COUNCIL MAY REQUIRE.

SIGNED _____
_____

_____
NOTARY PUBLIC