Oakland Borough
1 Municipal Plaza
Oakland, NJ 07436
(201) 337-8111

Application for Soil Permit

Note: THIS APPLICATION MUST BE FILLED OUT IN ENTIRITY AND IN DUPLICATE WITH THE PLANNING BOARD SECRETARY.

Date Applied: _____ 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 LAND IN THE BOROUGH OF OAKLAND NJ IN THE COUNTY OF BERGEN" for soil permit as follows:

Planned Date of Soil Movement: _____

Applicant's Name: _____

Applicant's Address: _____

Applicant's Phone number: _____

Applicant's Email: _____

Who is responsible for notices and correspondence for this application:

Name: _____

Address: _____

Phone number: _____ Email: _____

Address of Property for Work: _____

Block: _____ Lot: _____

Owner Name of Property: _____

Description of Land on which soil permit is cover: _____

_____

What is the interest that the applicant has in the land in question?: _____

_____

Purpose of Operation (Choose all that apply):

_____ 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: _____

_____

KIND OF SOIL TO BE REMOVED (Choose all that apply):

_____Top Soil:_____cubic yards   _____Subsoil: _____cubic yards

_____Sand:_____cubic yards   _____Gravel: _____cubic yards

TOTAL QUANTITY TO BE MOVED (THIS MUST BE FILLED OUT IN AND IN CUBIC YARDS): _____

_____

Does topographical map accompany this application?   YES   or   NO

On what date will proposed work be completed? _____

Proposed hours and days of operation for proposed work? _____

Name of Contractor: _____

Address of Contractor: _____

Contact Number of Contractor:_____Email of Contractor:_____

Person/Company in charge of hauling operation: _____

Address: _____

Contact Number: _____   Email:_____

Number, Capacity, Type & Description of equipment used:_____

_____

_____

Number of Truck Loads:_____

Route over which material will be transported and method of traffic control:_____

_____

Method of Noise and Dust abatement:_____

Number of Trees to be Removed:_____

Method lateral support and erosion, flood and silt control:_____

_____

Method of protection for down stream properties:_____

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

_____   _____

Signature of Applicant   Date

_____   _____

Print Name   Notary Public