

CALL BEFORE YOU DIG
1-800-272-1000
FOR UTILITY LOCATIONS

DIG NUMBER #

BOROUGH OF ROSELAND
ROSELAND, NEW JERSEY

APPLICATION - SOIL MOVING PERMIT

PERMIT NO: _____ DATE: _____

(1) Name of Applicant:		
Address:		Phone No.:
(2) Tax Assessor's Block:	Lot(s):	where soil is to be moved
(3) Name of the Owner:		
Address:		Phone No.:
(4) The purpose of moving soil:		
(5) Estimated quantity of soil to be moved:	Excavation: _____ Cubic Yards Fill: _____ Cubic Yards	
(5a.) Breakdown of soil noted in (5) above:	Top Soil: _____ Cubic Yards Other Soil: _____ Cubic Yards	
(5b.) Amount of soil to be removed (Exported) from the site:	_____ Cubic Yards	
(5c.) Amount of soil to be brought (Imported) to the site:	_____ Cubic Yards	
(6) Will the soil moving affect trees of 6 inch diameter and more? Yes <input type="checkbox"/> No <input type="checkbox"/> How many _____ Explain how affected _____ Method of Protection (If applicable): _____		
(7) Describe Soil Movement Operation: (7a.) Construction Equipment to be used (including the type and number of pieces): (7b.) Describe On-Site Safety Protection Measure to be installed:		
(8) Date of start of work: _____ Date of Completion: _____ <i>In accordance with §20-5 (7) completion date shall not exceed 60 days from the date of approval of the application.</i>		
(9) Will the soil moving affect the drainage? Yes <input type="checkbox"/> No <input type="checkbox"/> On the lot <input type="checkbox"/> Neighbors <input type="checkbox"/>		
(10) Attach sketch or topographical map showing existing and proposed grade and drainage patterns. <i>I understand I shall be responsible for any damage to the abutting properties due to my soil moving operation. I certify that the above information is correct to the best of my knowledge and shall abide by all terms and conditions of Soil Moving Permit and Ordinances of the Borough of Roseland and the State of New Jersey while moving soil.</i> <div style="text-align: right;">Signature of Applicant: _____ Date: _____</div> <div style="text-align: right;">Signature of Owner: _____ Date: _____</div>		

DO NOT WRITE BELOW THIS LINE

ACTION BY BOROUGH ENGINEER/DESIGNEE

- (1) This soil moving permit is classified:

☐ MINOR☐ MAJOR
- (2) Application fee: **Per §20-5e.**

ReceivedYES ☐NO ☐
- (3) Engineering Escrow fee: **Per §20-5f.**

ReceivedYES ☐NO ☐
- (4) Sketch required:

YES ☐NO ☐ReceivedYES ☐NO ☐
- (5) Topographical map required

YES ☐NO ☐ReceivedYES ☐NO ☐
- (5) The soil moving permit is

☐ Granted☐ Denied
- (6) Soil permit is granted with following conditions (If applicable):

☐ The applicant shall conform to the grading sketch submitted.

☐ The applicant shall not change the existing drainage pattern.

☐ The applicant shall haul away☐ All☐ Excessexcavated material.

☐ The applicant will☐ Loam and Seed and/or☐ Sodthe disturbed area.

☐ The applicant shall not disturb the existing grade for _____ from the perimeter of the lot.

☐ The applicant shall protect the trees by suitable method satisfactory to the Borough Engineer/Designee.

☐ The applicant shall not raise the swimming pool elevation more than _____ feet from existing grade.

☐ ONLY clean fill acceptable to the Borough Engineer shall be used.

☐ Notify the Borough Engineer before spreading or excavating material, or bringing in fill by calling **201-373-8908**. A minimum **48 hour** notice is required.

Signature of Permittee

Signature of Borough Engineer/Designee

Permit Expires On: _____

cc: Property Maintenance Officer
 Construction Code Official
 Department of Public Works