BLOCK _____
LOT _____

Application for Major Soil Moving Permit
Township of Parsippany-Troy Hills

Applicant: Name _____ Phone _____

Address _____

_____

Owner: Name _____ Phone _____

Address _____

_____

Excavator: Name _____ Phone _____

Address _____

_____

Contact: Name _____ Phone _____

Alternate: Name _____ Phone _____

Parcel: Block _____ Lot _____ Street _____

Reason for Work _____

Site Plan _____ Subdivision _____ Date Filed _____

Dates of Work: Start _____ Finish _____

Hours of Operation: _____

Fill to be moved: Topsoil _____ C.Y.

Other _____ C.Y. (circle one)

Total _____ C.Y. Cut - Fill

Approximate Number of Truckloads _____

Type of Equipment	Number	Capacity	Description

Number, Type, and Location of Trees to be Affected: _____

_____

Topographic Map or Sketch Attached:	Yes ( )	No ( )
Erosion and Sedimentation Plan Approved	Yes ( )	No ( )
Flood Plain/Wetlands Impacted?	Yes ( )	No ( )
Required Corner and Grade Stakes Placed?	Yes ( )	No ( )

Origin/Destination of Fill/Cut _____

Route of Travel _____

Special Precautions Being Taken for Protection of Property:

_____

_____

Owner _____ Date _____

Applicant _____ Date _____

Approved _____ Date _____