

**TOWNSHIP OF ROXBURY
ENGINEERING DEPARTMENT
1715 ROUTE 46, LEDGEWOOD, N. J. 07852
Telephone: 973-448-2018 ~ Fax: 973-448-2119**

**Applicant
Inspector
File**

APPLICATION FOR MINOR SOIL RELOCATION PERMIT

CHECKLIST: The following must be provided in order for the application to be considered complete. Incomplete applications will not be processed. Checks are to be made payable to "Township of Roxbury".

- a) Approved Zoning Permit
- b) Application Fee - \$50 for projects less than 500CY or \$100 for projects between 500-1000CY
- c) Escrow Fee - \$200 for projects less than 500 CY or \$400.00 for projects 500 CY or greater.
for Engineering Inspection (If Applicable)
- d) Survey/Grading Plan
- e) Insurance Certificate (Must be Attached from Contractor)
- f) Certified Mail Notifications (Projects greater than 250 CY)

******* HOURS OF OPERATION: NO MATERIAL SHALL BE MOVED / RELOCATED BETWEEN THE HOURS OF 4:00 PM AND 8:00 AM, NOR AT ANY TIME ON SUNDAY OR LEGAL HOLIDAYS, NOR ON SATURDAY AFTER OF THE HOUR OF 12:00 NOON.**

DATE OF APPLICATION: _____ APPLICATION NO.: _____

1) OWNERS NAME: _____ TELEPHONE NO.: _____

ADDRESS: _____

CITY & STATE _____ ZIP CODE _____

E-Mail Address : _____ (For Township notification purposes only)

2) CONTRACTOR NAME: _____ TELE. NO. _____

CONTRACTOR ADDRESS: _____

CITY & STATE _____ ZIP CODE _____

3) CONTACT PERSON: _____

TELEPHONE: Business: _____ / _____ / _____ Emergency: _____ / _____ / _____

Cell: _____ / _____ / _____ Fax: _____ / _____ / _____

4) WORK SITE ADDRESS: _____

BLOCK _____ LOT _____

5) DESCRIPTION OF WORK IN DETAIL: _____

6) ANTICIPATED START DATE: _____ / _____ / _____ COMPLETION DATE: _____ / _____ / _____

7) FILL TO BE MOVED:	TOP SOIL	_____	C.Y.
	OTHER	_____	C.Y.
	TOTAL	_____	C.Y.
	MAXIMUM AMOUNT PER DAY	_____	C.Y.

8) NUMBER, TYPE, AND LOCATION OF TREES TO BE AFFECTED: _____

9) ORIGIN/DESTINATION OF FILL/CUT: _____

10) ROUTE OF TRAVEL: _____

11) **OWNER'S AFFIDAVIT**

- a. To accept and abide by all provisions of CHAPTER XVII, "Soil Removal and Soil Relocation", of the General Ordinances of the Township of Roxbury and all other pertinent Township Ordinances, rules and regulations.
- b. To furnish any additional information relating to the work to be performed as may be requested from time to time by the Township Engineer of the Township of Roxbury.
- c. To cooperate at all times with the Township Engineer, Road Supervisor and Engineering Inspector of the Township of Roxbury in the inspection and examination of the work being performed, and to comply with all instructions and directives issued by said officials with reference to the manner and completion of such work.
- d. **All excavation requires a utility MARKOUT for all underground utilities which must be completed by calling 1-800-272-1000 or 811, a minimum of three (3) working days before commencement of work.**
- e. **To call the Engineering Department 24 hours before commencement of work and also after completion of work for a final inspection at (973) 448-2018.**
- f. To agree to reimburse the Township of Roxbury for all costs incurred by the Township in the emergency repair, maintenance and/or restoration of any damage to Township property due to the work cited in this Application.
- g. To indemnify and save harmless the Township, its Officers and Employees from all suits, actions, or claims of any character brought because of any injuries or damage received or sustained by any person, persons, or property on account of the operations of said owner or on account of, or in consequence of, any neglect in safeguarding the work; and through use of unacceptable materials in constructing the work; or because of any act of omission, neglect or misconduct of said owner.
- h. That the permit granted hereunder is subject to revocation by the Township of Roxbury in the event any of the provisions of the application or the aforementioned ordinances, rules or regulations are violated.

OWNER: _____ **DATE:** _____

***CONTRACTOR:** _____ **DATE:** _____

*** If signature by contractor is on behalf of a corporation, signature represents that the contractor acts as an agent for the corporation and assigns all liabilities to said corporation.**

APPROVED BY TWP. ENGINEER: _____ **DATE:** _____

COMMENTS: _____

INSPECTION REPORT

Date: _____ Inspector Signature _____

Excavation/Backfill: _____

Plan Compliances: _____

COMMENTS: _____

Final Acceptance By Township: _____ Date _____

DISTRIBUTION: ORIGINAL TO OWNER, COPIES TO: CONSTRUCTION CODE OFFICIAL, ENGINEERING INSPECTOR, PERMIT FILE