

Township of Brick

401 CHAMBERS BRIDGE ROAD
BRICK, NEW JERSEY 08723
(732) 262-1040, FAX (732) 262-2941

Department of Community Development & Land Use/Division of Engineering

APPLICATION FOR FILL/SOIL REMOVAL

Date of Application: _____ Permit Number: _____
(to be assigned by Engineer)

Date received by Engineer's office: _____

Application is hereby made by:

Name of company or individual: _____

Address of company or individual: _____

Phone number(s): _____

Name of contractor/individual responsible for work: _____

Address of contractor: _____

Phone number(s): _____

Address of location of work to take place: _____

Block/Lot Number(s) of location of work: Block: _____ Lot(s): _____

Please check the corresponding box & please fill out the appropriate section(s) that follow:

Filling Soil Removal Both Filling and Soil Removal

 Check here if project for which work is being applied had been granted approval from Planning or Zoning Board. (If not granted approval, this application will be referred to the applicable review board).

Board (Planning _____ Application No. _____ Date of Approval _____
or Zoning)

Name of project _____

Block / Lot number(s) of location of work:

Soil Removal from: Block _____ Lot(s) _____ Address _____

Block _____ Lot(s) _____ Address _____

Filling at: Block _____ Lot(s) _____ Address _____

Block _____ Lot(s) _____ Address _____

Please check here if the properties being filled are also the destination of the soil being removed (applies to all properties within the Township which are the destination of the soil being removed.)

Date of Application: _____ Permit Number: _____

Destination of the soil to be removed (if not noted above) _____

Purpose of work (please describe in detail below or attach statement)

Route of soil transporting operations- On separate sheet attach a detailed description or map of the route(s) to be used for the transportation of soil within the Township, including the approximate number of miles on Township roads.

Volume of soil removal or fill

a) Topsoil _____ cubic yards

b) Total _____ cubic yards

Start of work date _____ Project duration _____

Estimated Completion date _____

Additional information required by Brick Land Use Ordinance Chapter 383 titled Soil Removal and Redistribution

- 1) Route of soil transporting operations including a detailed description or map of the route(s) to be used in the transportation of soils within the Township, and the approximate number of miles on Township roads.
- 2) All information on fill material (s) as required by the definition of Clean Fill in Chapter 383. All information is required to be from a legally certified testing laboratory.
- 3) All outside agency permits or authorization required for the project.
- 4) Survey or plan signed and sealed by a Professional Engineer licensed to practice in the State of New Jersey containing all required information.

Application fee \$ _____ Date paid _____ Check no. _____
(non-refundable)

Inspection fee \$ _____ Date paid _____ Check no. _____

Performance Bond \$ _____ Date received _____ Bond no. _____

Bonding Company _____ Bond Date _____

Note : All amounts of required application fees, inspection fees and bonds are as attached on the fee schedule Form SRFF-1.

The undersigned agrees to perform all soil removal and fill activities in complete conformance to Brick Land Use Ordinance Chapter 383 and all other applicable sections of the Brick Land Use Code.

Signature of Applicant _____ Date _____

Signature of Contractor _____ Date _____

Approved _____
Signature of Township Engineer _____ Print Name _____ Date _____

Denied _____
Signature of Township Engineer _____ Print Name _____ Date _____