

Frankford Township 151 US Highway 206 Augusta, New Jersey 07822 (973) 948-5566 - Fax (973) 948-2612

APPLICATION FOR SOIL REMOVAL PERMIT FOR AN EXISTING SOIL REMOVAL OPERATION ONLY YEAR

NAME OF APPLICANT:_		
MAILING ADDRESS:		
NAME OF OWNER:		
MAILING ADDRESS:		
LOCATION OF SOIL REI	MOVAL OPERATION (Street, Block and I	ot)
	Number of Acres	Used
DESCRIPTION OF SOIL	REMOVAL OPERATION (Gravel, Shale o	r Other)
PUBLIC ROADS TO BE U	JSED	
Attach current Certifica Dollars is required.	URANCE CARRIERate of Insurance – Minimum Coverage o	f One Million
SCHEDULE OF FEES:	Less than 5,000 cubic yards 5,000 to 10,000 cubic yards 10,000 to 20,000 cubic yards Over 20,000 cubic yards	\$ 50.00 \$100.00 \$200.00 \$400.00
AMOUNT OF FEE ACCO	MPANYING APPLICATION	
correct to the best of or	ereby certify that the statements made i ur knowledge and agree to abide with a ce in our Soil Removal Operation.	
Dated:	Annlicant/Owner	