

# MUNICIPALITY OF MONROEVILLE

Equal Opportunity Municipality

## APPLICATION FOR LAND DISTURBANCE PERMIT

Date of Application: \_\_\_\_\_  
 Permittee: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Permit Number: \_\_\_\_\_  
 Permit Fee: \_\_\_\_\_  
 Bond Amount: \_\_\_\_\_  
 Posted: \_\_\_\_\_  
 Released: \_\_\_\_\_

### LOCATION OF WORK

Street Address: \_\_\_\_\_  
 Sub-Division or Plan Name: \_\_\_\_\_  
 Tax Map & Parcel Number: \_\_\_\_\_

Adjacent Property Owners:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### DESCRIPTION OF WORK

Brief Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Maximum Depth of: Cut Area _____ ft	Fill Area _____ ft
Maximum Existing Slope : Cut Area _____ :1	Fill Area _____ :1
Maximum Proposed Slope: Cut Area _____ :1	Fill Area _____ :1
Total Disturbed Area: _____ Acres	
Estimated Quantities: Cut Area _____ CY	Fill Area _____ CY

NOTE: *If onsite cut and fill volumes are not balanced, describe the location of borrow or spoil.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NOTE: *If grading work affects any of the following, complete Part 2.*

- |   |     |    |
|---|-----|----|
| 1 Cut or fill along bank of stream.   | Yes | No |
| 2 Culvert or Bridge Project, Stream Enclosure.  | Yes | No |
| 3 Stream Change of Direction.   | Yes | No |
| 4 Cut or fill more than 5 feet or slopes greater than 4:1<br>where County Soil Survey show landslide-prone soils. | Yes | No |

Applicant's Signature: \_\_\_\_\_ Approved: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

# Monroeville- Land Disturbance Permit

## Part 2

**This application shall be submitted in conformance with Ordinance No. 2651**

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Plans Prepared by: \_\_\_\_\_  
 Address: \_\_\_\_\_ Number of Drawings: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

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### PLAN SUBMISSION REVIEW

*Three copies required*

Indicate Modules Addressed:

	Applicant's Consultant		Municipal Engineer	
	Yes	No	Yes	No
Boundary Line Survey	Yes	No	Yes	No
Existing & Proposed Features	Yes	No	Yes	No
Existing & Final Topography	Yes	No	Yes	No
Soil Erosion & Sediment Control Plan	Yes	No	Yes	No
Schedule of Operations	Yes	No	Yes	No
Storm Water Management	Yes	No	Yes	No
Soil Report	Yes	No	Yes	No
Soil Conservation Service Approval	Yes	No	Yes	No
Hazardous Conditions	Yes	No	Yes	No
Temporary Revegetation	Yes	No	Yes	No
Permanent Revegetation	Yes	No	Yes	No
Watercourses Shown	Yes	No	Yes	No
Rock Excavation - Blasting	Yes	No	Yes	No

Municipal Comments and Restrictions: Work shall be limited to property owned or controlled

by the Applicant. All disturbed areas shall be revegetated. **PERMIT EXPIRES:** \_\_\_\_\_

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