

**MILLSTONE TOWNSHIP  
APPLICATION FOR MINOR SOIL REMOVAL AND IMPORT PERMIT  
40 TO 400 CUBIC YARDS**

**THE APPLICANT SHALL COMPLY WITH CHAPTER 23 "SOIL REMOVAL AND IMPORT"  
ORDINANCE OF THE TOWNSHIP OF MILLSTONE, MONMOUTH COUNTY, NEW JERSEY.**

1. **APPLICANT:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

2. **OWNER OF PROPERTY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

3. **PROPERTY:** \_\_\_\_\_  
**TAX MAP SHEET NO.:** \_\_\_\_\_  
**EXISTING ZONE:** \_\_\_\_\_  
**BLK** \_\_\_\_\_, **LOT** \_\_\_\_\_, **ACREAGE** \_\_\_\_\_

4. **ENGINEER/LAND SURVEYOR PREPARING PLANS:**  
**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

5. **PERSONS INVOLVED WITH THE IMPLEMENTATION OF THE APPROVED SOIL REMOVAL AND IMPORT:**

A. **APPLICANT'S REPRESENTATIVE** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**EMERGENCY TELEPHONE** \_\_\_\_\_

B. **EXCAVATION CONTRACTOR** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**TELEPHONE:** \_\_\_\_\_

6. **DESCRIPTION OF SOIL REMOVAL AND IMPORT OPERATION**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **THE TYPE AND VOLUME OF SOIL TO BE REMOVED OR IMPORTED:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**8. PROPOSED HAUL ROUTES**

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**9. HOURS OF OPERATION:** \_\_\_\_\_

- A. DAILY STARTING TIME: \_\_\_\_\_
- B. DAILY FINISHING TIME: \_\_\_\_\_

**10. COMMENCEMENT/COMPLETION DATE:**

- A. COMMENCEMENT DATE \_\_\_\_\_
- B. ESTIMATED COMPLETION DATE \_\_\_\_\_

**11. LIST EQUIPMENT AND/OR METHOD TO BE EMPLOYED IN CLEANING PUBLIC STREETS:**

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**12. APPLICATION COMPLETENESS CHECKLIST:**

**FOUR (4) COPIES OF THE FOLLOWING DOCUMENTS ARE REQUIRED WITH THIS APPLICATION:**

- A. COMPLETE SIGNED APPLICATION
- B. MASTER SOIL REMOVAL PLAN, PER ORDINANCE SECTION 23-3.2(a)6
- C. PROOF OF APPROVAL FROM OTHER GOVERNMENTAL AGENCIES

**13. APPLICATION FEE: \$200.00**

**14. ESCROW FOR REIMBURESMENT OF PROFESSIONAL REVIEW, INSPECTION AND SOIL TESTING COSTS \$1,000.00**

**PLEASE DATE AND SIGN**

\_\_\_\_\_  
**NAME OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NAME OF OWNER (If different than Applicant)**

\_\_\_\_\_  
**SIGNATURE OF OWNER (If different than Applicant)**

\_\_\_\_\_  
**DATE**

**IF APPLICATION IS SUBMITTED BY CORPORATION, AFFIX SEAL** \_\_\_\_\_

\_\_\_\_\_  
**FIRM, CORPORATION OR PARTNERSHIP**

\_\_\_\_\_  
**ASSISTANT SECRETARY**

\_\_\_\_\_  
**SECRETARY**

**For Office Use Only:**

Application received (date): _____	Other Government Agencies Approval
Plans received: _____	A. _____
Application Fees: _____	B. _____
(Check #) _____	C. _____
Escrow Fees: _____	
(Check #) _____	

Reviewed By: \_\_\_\_\_

Approved By: \_\_\_\_\_ Bond Required: \_\_\_\_\_

Denied: \_\_\_\_\_ Reason For Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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