

TOWNSHIP OF SOUTH FAYETTE
APPLICATION FOR LAND OPERATIONS/GRADING PERMIT

DATE:			
LOCATION			
DESCRIPTION OF PROJECT:			
APPLICANT'S NAME:		PHONE #:	
APPLICANT ADDRESS:		FAX:	
ENGINEER/SURVEYOR:		PHONE #:	
ENGINEER ADDRESS:		FAX:	
PROPERTY ACREAGE:		PROPERTY DIMENSIONS:	
QUANTITY OF MATERIAL:		TAX ID#:	
MUNICIPAL STREETS TO BE INVOLVED:			
LOCAL ROAD(S):			
LENGTH:		WIDTH:	
EQUIPMENT TO BE USED:			
DOES THIS PROJECT REQUIRE OTHER MUNICIPAL APPROVAL		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, WHAT TYPE -		<input type="checkbox"/> SUBDIVISION <input type="checkbox"/> BUILDING PERMIT <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> OTHER	
HAVE YOU RECEIVED ALL OTHER AGENCY APPROVALS (FEDERAL, STATE, COUNTY) <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU PROVIDED APPROPRIATE BONDING OF MUNICIPAL ROAD FOR THIS PROJECT? <input type="checkbox"/> YES			

I have familiarized myself with and hereby agree to comply with the subdivision and zoning ordinance of the township as well as to all Township rules, regulations and resolutions. I agree to pay the applicable fee.

Signature of Applicant: _____ If applicant is not the property owner, Agents Authorization Form must be attached	Date: _____
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BONDING SHALL BE 50% OF ESTIMATED COST OF GRADING WORK AND EROSION CONTROL FACILITIES