



CLEARING & GRADING PERMIT APPLICATION

This application is required for all work for clearing and grading within Town limits.

Owner/Applicant Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Contractor: _____ License: _____

Project site address: _____

Tax parcel no.: _____

Attach site plan showing clearing and grading limits, trees to be retained, construction entrance, and temporary erosion and sediment control measures. If import or export is proposed, indicate truck route.

Description of proposed work: _____

| | | |
|-----------------------------------|----------------------|--|
| TREE CREDITS REQUIRED: | _____ | See CTC 16.20.075 |
| TREE CREDITS PROVIDED: | _____ | Show on site plan |
| TOTAL PARCEL AREA: | _____ | Square feet/acres |
| TOTAL DISTURBANCE AREA: | _____ | Square feet |
| TOTAL QUANTITY OF CUT & FILL: | _____ | Cubic yards |
| REGULATED CRITICAL AREAS ON SITE? | <u>Yes</u> <u>No</u> | If yes, describe and show on site plan |

The undersigned applicant hereby certifies under penalty of perjury that he/she is the property owner or is an agent of the property owner(s) who is duly authorized by the property owner(s) to request this permit on his/her/their behalf, and that the information provided in this application is true to the best of his/her knowledge. By signing this application, the applicant agrees, as a condition of the Town approving all other permits required by ordinance or other applicable regulations, to comply with all provisions of CTC 16.20 of the Development Regulations, or latest revision thereof, and other such rules and regulations now existing or which may be established from time to time.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

(FOR TOWN USE ONLY)

_____ Permit for clearing only

_____ Permit for grading only

_____ Permit for clearing & grading

_____ Performance bond required, in the amount of \$ _____

_____ Conditions attached

Approved by: _____ DATE _____
Public Works Superintendent

Permit number: _____ Permit Fee: \$ _____
Receipt: _____
Date: _____