

JEFFREY FETTE
Construction Official

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Cynthia Petersen
Technical Assistant

J. Sagrario Mena
Construction Clerk

BOROUGH OF MONTVALE

Building Department - Code Enforcement

12 Mercedes Drive, Montvale, NJ 07645

www.montvale.org

SOIL MOVEMENT PERMIT

Fee \$100.00

Permit # _____

PROVIDE TWO (2) COPIES OF A TOPOGRAPHICAL SURVEY INDICATING THE EXISTING CONDITION ON THE SITE, ALONG WITH PROPOSED GRADING AND DRAINAGE.

Location of Excavation _____

Block _____ Lot _____

Name of Property Owner _____

Address _____

Home telephone _____ Cell telephone _____

Name of Excavator / Contractor _____ Telephone number _____

Name of Architect _____ Telephone number _____

Name of Engineer _____ Telephone number _____

Name of Surveyor _____ Telephone number _____

Quantity of soil to be moved - in Cubic Yards _____

Soil to be moved from _____

Soil to be moved to _____

Owner / Applicant signature _____

MOVEMENT OF SOIL IN EXCESS OF 500 CUBIC YARDS REQUIRES AN APPLICATION TO BE SUBMITTED TO THE BOROUGH OF MONTVALE PLANNING BOARD.

Jeffrey Fette / Zoning Official

Approved / Denied

Date

Montvale Police Department
Borough of Montvale

Joseph Sanfilippo
Chief of Police

12 Mercedes Drive, Montvale, New Jersey 07645

Telephone 201-391-4600

Fax 201-391-6379

SOIL TRANSFER CHECKLIST

DATE _____ BLOCK _____ LOT _____

APPLICANT NAME _____ PHONE NUMBER _____

CONTRACTORS NAME _____ PHONE NUMBER _____

SOIL TRANSFER:

GOING TO: _____

TAKEN FROM: _____

DATE OF PLANNING BOARD APPROVAL: _____

CUBIC YARDS APPROVED _____

SIZE AND NUMBER OF TRUCKS REQUIRED _____

CONFIRM ARRANGEMENTS FOR SWEEPER DATE: _____

TIRE WASHER DATE: _____

ESTIMATED LENGTH OF TIME TO COMPLETE SOIL MOVEMENT _____

STARTING DATE: _____ ENDING DATE: _____

PROPOSED STREET ROUTE FOR MOVEMENT OF SOIL

<p>NO SOIL MOVEMENT UNTIL APPROVAL HAS BEEN GRANTED BY THE POLICE DEPARTMENT</p> <p>NO SOIL TRANSFER ACTIVITY TO BEGIN BEFORE 9 AM AND MUST END BEFORE 5 PM UNLESS</p> <p>SPECIAL APPROVAL IS GRANTED</p> <p>MONDAY THROUGH FRIDAY ONLY</p>

APPROVAL GRANTED BY: _____ DATE: _____

CONDITIONS OF APPROVAL:

- (1) ATTACH SIGNED COPY OF PLANNING BOARD RESOLUTION OF APPROVAL _____
- (2) _____
- (3) _____
- (4) _____

