

Revised 6/20/10

**MOUNT OLIVE TOWNSHIP PLANNING BOARD
SOIL REMOVAL PERMIT APPLICATION**

To regulate and control the removal of soil from lands in the township of Mount Olive and the moving of soil in and upon lands in the Township of Mount Olive, and to provide for the administration and enforcement thereof:

The applicant shall set forth in duplicate:

1. Name and address.
2. Description of the lands in question.
3. Name and address of the owner of the lands.
4. The purpose or reasons for moving the soil and whether it will be done in connection with a proposed subdivision or site plan application, and if so, the date of filing of the application for subdivision, or site plan approval.
5. The kind and quantity in cubic yards of soil to be moved.
6. In case of removal the roads to be used within the township, the kind and quantity of soil to be removed, and the place to which the soil is to be removed.
7. The proposed date of the completion of the work.
8. A certification by a licensed Professional Engineer or land surveyor that he has placed or caused to be placed stakes at each corner of the lands from which soil is to be removed, and further that he has placed or caused to be placed grade stakes at the existing elevation points designated on the topographical map pursuant to the provisions of Subsection C hereof, clearly marked to indicate the soil cuts or fill.
9. Such other pertinent data as the Planning Board may, by resolution, hereafter require.
Signature: Said application shall bear the signature of the applicant and the endorsement of the owner or owners of said lands signifying approval of the applications, consent to the applicant to perform the proposed work, and shall authorize the Township of Mount Olive in the event of failure of the applicant to do so, to cause the proposed work to be completed or otherwise terminated in keeping with purposes and objectives of this ordinance, to be paid for out of the performance bond required by Subsection H hereof.

Topographical Map: Accompanying the application shall be eight prints of topographical map of the lot upon which the proposed soil moving operations are to be conducted and

of all surrounding lands within 200 feet of the perimeter of said lot prepared and certified by a licensed professional or civil engineer of the State of New Jersey, on a scale of not less than 1 inch to 100 feet showing the lot and its relation to all of said surrounding lands.

10. The dimensions of the lot and the lot and block number of the lot and of each lot in the surrounding lands as shown on the Tax Assessment Map of the Township of Mount Olive.
11. The existing elevations of all lands shown by contour lines at two (2) foot intervals.
12. The existing elevations of all buildings, structures, streets, streams, bodies of water and water courses, natural or artificial.
13. All wooded areas.
14. The limits of the area or areas within the lot or lots in question within which the soil moving operations are to be conducted, and the existing elevations of said limits at intervals of not more than 100 feet with 2 foot contour lines.
15. The proposed final contour elevations at 2 foot intervals where existing elevations shown on said map are to be changed as a result of completion of the proposed work.
16. Proposed slopes and lateral supports at the limits of the area upon completion of the soil moving operations.
17. Proposed provisions and facilities for surface water drainage and where applicable channels of any streams, bodies of water and water courses natural or artificial, including cross sections showing proposed channel widths, bank slopes and method of erosion control thereof.
18. Accurate cross sections, showing the locations and quantities in cubic yards of soil to be moved.
19. All proposed elevations in enclosed rectangular boxes, and all existing elevations to be indicated without any kind of enclosure.
20. Such other pertinent data as the Planning Board may, by resolution require.
Copy: Copies of the application form and the topographical map referred to herein shall be submitted by the applicant to the Morris County Soil Conservation District, Morristown with a request that said District review the application and the map and make their recommendation to the Planning Board of Mount Olive Township within thirty (30) days after receipt of the same.

Filing Fee: The application shall be submitted to the Secretary of the Planning Board with a fee in an amount computed as follows:

1. For all applications, except those involving removal of soil from the premises of less than 5,000 cubic yards - \$200.00
2. ESCROW FEE: \$1,000.00
3. For all applications involving removal of soil from the premises over 5,000 or more cubic yards, \$200.00 plus \$0.25 per cubic yard in excess of 1,000 cubic yards.
4. ESCROW FEE: \$2,000.00

NOTE: Permit shall not exceed one (1) year. Only two such extensions may be granted. Any additional extensions may be granted upon application to and hearing before the Planning Board. No soil permit shall be issued unless the applicant shall have posted with the Township a performance bond in form and with surety acceptable to the Township. The amount of said bond shall be determined at the rate of not less than ten cents (\$0.10) per cubic yard and not in excess of fifty cents (\$0.50) per cubic yard of the amount of soil to be moved provided, however, that in no event shall said bond be less than the principal amount of \$2,000.00.

**TOWNSHIP OF MOUNT OLIVE
SOIL REMOVAL APPLICATION**

SECTION 1. GENERAL INFORMATION

A. Applicant: Name _____
Address _____
Telephone No. _____ Fax No. _____

B. The applicant is a Corporation () Partnership () Individuals ()
Other (please specify) _____

C. If the applicant is a corporation or a partnership, please attach a list of the names and addresses of persons having a 10% interest or more in the corporation or partnership.

D. The relation of the applicant to the property in question is:
Lessee () Purchaser Under Contract ()
Other (please specify) _____

E. OWNER: Name _____
Address _____
Telephone No. _____ Fax No. _____

F. ENGINEER/ SURVEYOR: Name _____
Address _____
Telephone No. _____ Fax No. _____

G. ATTORNEY: Name _____
Address _____
Telephone No. _____ Fax No. _____

SECTION 2. TYPE OF APPLICATION (Check)

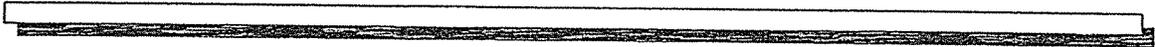
SOIL REMOVAL FILLING QUARRYING

SECTION 3. INFORMATION REGARDING THE PROPERTY

- A. Address of Property: _____
- B. Location of property is approximately _____ feet from the intersection of _____ and _____.
- C. Block(s) _____ Lot(s) _____
- D. Use of property:
Existing: _____
Proposed: _____
- E. Zone: _____
- F. Acreage of entire tract: _____
Acreage of area where removal will occur: _____
- G. Acreage of area proposed for filling: _____
- H. Is the subject property located on a:
County Road Yes No
State Road Yes No
Within 200 feet of a municipal boundary Yes No
- I. Was the property subject to a prior application? Yes No
- J. Approval from N.J.D.E.P. for stream encroachment if required (see M below)
Yes No
- K. Are there any existing or proposed deed restrictions, easements, right-of-ways or other dedication? Yes No
If yes attach a copy.

L. Improvements: List all proposed on-site and off-tract improvements.

M. Plat submission: List by title and date, maps and other exhibits accompanying this application:



SECTION 4. INFORMATION REGARDING APPLICATION

A. Describe any proposed waivers or variances requested, their location (proposed lot and block), and the sections of the Ordinance(s) from which relief is requested. (Attached additional sheets if necessary).

For reference consult the Township Soil Removal Ordinance Chapter 77A Soil Removal Township Administrative Code and Ordinance #400-31, 400-65 and 400-66.

SOIL OR ROCK REMOVAL: (Check 1 or more)

Earth Sand Clay Loam Gravel
Humus Rock Topsoil Dirt of Any Kind

Cubic yards to be removed: _____

Roads to be used for travel to and from site:

SECTION 5. AUTHORIZATION AND VERIFICATION

*Certification of contractor that he will comply with Reclamation Plan, Soil Removal/Filling Plan or Quarrying Plan.

SIGNATURE

DATE

DATE OF PLAN & REVISIONS

*I certify the statements contained in this application are true.

APPLICANT'S SIGNATURE

DATE

*Owner authorization for soil movement/quarrying in accordance with submitted plans.

SIGNATURE

DATE

AFFIDAVITS

Applicant is to execute the first affidavit. If the applicant is also the owner, such owner must execute the second affidavit. If the applicant is not also the owner, the owner must execute the second affidavit.

STATE OF NEW JERSEY)
)
COUNTY OF _____)

_____, of full age, being duly sworn according to law on oath says that all of the statements contained in within appeal (application) as supplemented by attached exhibits are true.

SIGNATURE OF APPLICANT

Sworn to and subscribed
before me this _____
date of _____
~~2000.~~
2016

NOTE: If partnership or corporation, see applicable
N.J.S.A. 40:55D-48.1 - 40:55D-48.4.

A Notary Public of New Jersey

STATE OF NEW JERSEY)
)
COUNTY OF _____)

_____, of full age, being duly sworn according to law on oath deposes and says

- 1. (I) (We) are the owner(s) of the property which is the subject of this appeal.
- 2. The statements contained in within appeal (application), as supplemented by attached exhibits, are true.

SIGNATURE OF OWNER

Sworn to and subscribed
before me this _____
day of _____
~~2000~~
2016

NOTE: If partnership or corporation, see
applicable N.J.S.A. 40:55D-48.1 -
40:55D-48.4

A Notary Public of New Jersey

TOWNSHIP OF MOUNT OLIVE
CERTIFICATE OF PAID TAXES

ARTICLE VI (n) Certificate from Tax Collector that all taxes are paid to date

Owner: _____

Address: _____

Telephone: _____

Property Location: _____

Block(s): _____ Lot(s): _____

Zone: _____ # of Lots _____

DESCRIPTION: (Check)

Minor Major Sketch
Preliminary Final

TAXES AS RECORDED FOR YEAR (Current Year)			
First Quarter	_____	Second Quarter	_____
Third Quarter	_____	Fourth Quarter	_____

I hereby certify that the above taxes are paid to date:

Tax Collector
Mount Olive Township

Date