

**CHIKAMING TOWNSHIP
APPLICATION FOR A FILL PERMIT**

APPLICANT:

Name _____ Address _____

City _____ State _____ Zip _____

Email _____ @ _____

Common Address of Property _____

Attach a legal description of property Attach a site plan showing location(s) of fill on subject property

OWNER:

Name _____ Address _____

City _____ State _____ Zip _____

Email _____ @ _____

Type(s) of fill material to be deposited _____

Source(s) of fill material to be deposited _____

Route(s) of travel from source of fill material to subject property _____

Volume of fill material, in cubic yards, requested to be permitted _____ cu. Yds.

What will be final grade of filled area _____ What is grade base reference point _____

The number and type of vehicles and equipment to be used in filling activities, including transporting, dumping and leveling of fill materials _____

Name of testing agency to oversee and verify proper compaction _____

Agency Contact _____ Phone _____

AFFIDAVIT: I have read all applicable sections of the Chikaming Township Zoning Ordinance and agree to comply with every requirement if this application is reviewed. All vehicles and trailers traveling over public or private roads shall comply with all local weight restrictions. I attest that all of the above information is true to the best of my ability. Ref: Section 7.05 and 17.02 (B)(1)(f) of current Chikaming Township Zoning Ordinance

APPLICANT _____ DATE _____