

TOWN OF LAGRANGE

APPLICATION FOR GRADING PERMIT

IDENTIFICATION OF APPLICANT

NAME OF OWNER _____ PHONE _____

NAME OF CONTRACTOR _____

911 ADDRESS _____

PARCEL GRID NO. _____ SUBDIVISION NAME _____ SUB. LOT NO. _____

APPLICANT'S NAME (If other than owner) _____

DESCRIPTION OF WORK TO BE PERFORMED

RESIDENTIAL COMMERCIAL OTHER

DESCRIBE PROPOSED WORK: _____

TOTAL AREA OF DISTURBANCE _____

ATTACHED HERETO & MADE A PART OF THIS APPLICATION I SUBMIT THE FOLLOWING DOCUMENTS:

(Please check appropriate boxes)

- A PROPERTY SURVEY OR A COPY OF THE APPROVED PLOT OF THE AFFECTED PREMISES
- GRADING PLAN
- DRAINAGE EASEMENT TERMS (AS FILED WITH THE DEED)
- EROSION AND SEDIMENT CONTROL PLAN WITH DETAILS & SPECIFICATIONS FOR SITE STABILIZATION
- LANDSCAPE PLAN AND SPECIFICATIONS FOR FINAL SITE STABILIZATION
- WETLANDS PERMIT WHEN WORK AREA IS WITHIN A REGULATED AREA
- NYS DEC SPDES GENERAL CONSTRUCTION PERMIT GP-02-01 PROOF OF COVERAGE
- TOWN DRIVEWAY PERMIT
- DOT/DPW WORK PERMIT
- PROOF OF WORKMAN'S COMPENSATION INSURANCE ON FORM#C-105.2 OR U26.3 BY THE CARRIER

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF PLANNING, ZONING, AND BUILDING PURSUANT TO THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT _____ DATE _____

(Must be signed in office)

OFFICE USE ONLY

RECEIPT OF PAYMENT \$ 100.00

DATE _____

RECEIPT NO. _____

APPROVED _____ DATE _____

(Administrator of Public Works)

(ADD ANY COMMENTS ON BACK)