

**EAST HARTFORD PLANNING AND ZONING COMMISSION
APPLICATION FOR
NATURAL RESOURCES REMOVAL AND FILLING PERMIT**

Date

The undersigned applicant applies to the Planning and Zoning Commission under Section 218 of the East Hartford Zoning Regulations for:

_____ Land Excavation

_____ Land Filling

Address or location of subject property: _____

Assessor's Map and Lot # _____

Size of subject parcel in square feet or acres: _____

Zone of subject parcel: _____

APPLICANT (If more than one, list on a separate sheet)

Name: _____

Print or Type

Address: _____

Telephone: (Work) _____ (Home) _____

Signature: _____

(if necessary, attach a letter of authorization for the Signator).

() Owner () Optionee () Lessee () Agent Check One

OWNER (S) OF RECORD (If other than applicant; if more than one, list on a separate sheet)

Name: _____

Address: _____

Telephone: (Work) _____ (Home) _____

Signature: _____

(If necessary, attach a letter of authorization for the Signator).

Estimated quantity to be filled/excavated: Topsoil _____ cu. yds. Other _____ cu. yds.

Topsoil, if any, to be removed from Town limits: _____ cu. yds.



**NATURAL RESOURCES REMOVAL AND FILLING
APPLICATION CHECK LIST**

APPLICANT: _____

PHONE # _____

Complete compliance with the application requirements enumerated in Section 218 of the Zoning Regulations is required. A checklist for the basic items of submission is given below. One checklist should be submitted with the original application form filed with the Department of Development.

Note the items that have been submitted with your application, (please mark **X** if item is complete)

- 1) **20** copies of the completed application, which includes the following:
 - a. Applicants signature on Pages 1 & 2 _____
 - b. Owner's Signature on Pages 1 & 2 _____
 - c. Names and addresses of all property owners within 200 feet of the boundaries of the proposed zone change keyed to map showing all property lines within this area _____
- 2) **20** copies of an accurate, certified Site Plan _____
- 3) **20** copies of an accurate, certified Topographic Plan showing existing and proposed grades _____
- 4) One complete set of application and maps filed, with Town Clerk on or before the application close-out date. _____

In land filling operations, where will fill be obtained, and of what type:

Work Schedule as provided in Section 218.3 (5)

Excavation/Filling to begin _____; completed by _____

Protection which will be provided to keep children, etc., from gaining access to land:

Excavation or Land Filling is essential and necessary to development of the property because: _____

In the removal of soil or land fill operations, when the permit has been duly granted, the owner or person in charge shall so conduct the operations that there shall be no sharp declivities pits or depressions, that there shall be no interruptions with natural drainage, and in such a manner that the area shall be properly leveled off, cleared of debris and graded to conform with the contour lines and grades as approved by the Director of Public Works.

Submit twenty (20) copies of this application - 200 ft. radius map and topographical maps as required by Section 218.3b(11) and 218.3C

The undersigned owner(s) of the property for which this application is filed hereby authorizes the Planning and Zoning Commission or their agents to enter upon the property covered by this application for the purpose of inspection at any reasonable hours.

Date

Signature of Owner

I (we) the undersigned applicant(s) understand that the submission of inaccurate or incomplete material or information shall be grounds for denial of this application by the Planning and Zoning Commission.

Date

Signature of Owner

FILING FEE: \$125.00 (INCLUDES \$60.00 STATE FEE PER PUBLIC ACT 92-235)