

**TOWNSHIP OF HOPE  
SOIL REMOVAL/IMPORTATION 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. \_\_\_\_\_

G. ATTORNEY: Fax No. \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Fax No. \_\_\_\_\_

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**SECTION 2.**

**TYPE OF APPLICATION (Check)**

SOIL REMOVAL ( )      IMPORTATION ( )      QUARRYING ( )

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**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:

Township Road	Yes ( )	No ( )
County Road	Yes ( )	No ( )
State Road	Yes ( )	No ( )
With 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.

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

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**SECTION 4.**

**INFORMATION REGARDING APPLICATION**

SOIL OR ROCK REMOVAL/IMPORTATION: (Check all that apply)

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

Cubic yards to be removed: \_\_\_\_\_ Imported \_\_\_\_\_

Roads to be used for travel to and from the site: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Destination point for the soil/rock removal ( or in the case of importation, state source/origin of soil/rock): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REMOVAL/IMPORTATION \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Warren County Soil Conservation District

Date Approved: \_\_\_\_\_

Date Denied \_\_\_\_\_

Not Applicable \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**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  
(applicant name or agent)  
are true.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE