



# TOWN OF SARATOGA

PO BOX 486

PHONE: 326-8335

## APPLICATION FOR GRADING AND EXCAVATION PERMIT

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ZONING ORDINANCE SECTIONS 15.04.100 & 12.08.030

DATE: \_\_\_\_\_

FEE: NONE

Permit must be obtained before beginning work. Location, Ownership and detail must be correct, complete and legible. Two (2) Copies of a plot plan, DRAWN IN ACCORDANCE WITH AN ACCURATE BOUNDARY LINE SURVEY (If located on or near property line) indicating location, shall be submitted with the application.

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

CITY AND STATE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

INSURANCE CERTIFICATION (IF CONTRACTOR): \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

\_\_\_\_\_

ADDRESS OF WORK LOCATION: \_\_\_\_\_

TYPE OF WORK: [ ] GRADING (Location of work is on private property)

[ ] EXCAVATON (Location of work is on town property)

TOTAL CUBIC YARDS ANTICIPATED TO BE MOVED: CUT \_\_\_\_\_ FILL \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**“NO DIGGING OR WORK ALLOWED WITHIN THE TOWN RIGHTS OF WAY ON WEEKENDS OR HOLIDAYS”**

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**THE FOLLOWING IS FOR OFFICIAL USE ONLY**

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APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_