

**TOWNSHIP OF LIBERTY**  
**SOIL REMOVAL/IMPORTATION APPLICATION**

**SECTION 1 - GENERAL  
INFORMATION**

**APPLICANT:**

Name:

Address:

Telephone No. / Fax No.:

Email address:

The applicant is a Corporation (  ); Partnership (  ); Individual (  );  
Other (  ) Please specify

The relation of the applicant to the property in question is: Lessee (  );  
Purchaser (  ) Under contract (  ); Other (  ) please specify.

**OWNER:**

Name:

Address:

Telephone No./ Fax No.:

Email address:

**ENGINEER/ SURVEYOR**

Name:

Address:

Telephone No./ Fax No.:

Email address:

**SECTION 2 - TYPE OF APPLICATION (CHECK)**

INITIAL\_\_APPLICATION (    )

RENEWAL (    )

**SECTION 3 - INFORMATION REGARDING THE PROPERTY**

A.    Address of Property:

B.    Block (s):

Lot(s):

C.    Use of  
property:  
Existing:

Proposed:

D. Zone

E. Acreage of Entire Tract:

F. Acreage of Area Proposed for Filling.

G. Reason or stated purpose for importation/ exportation activity.

**SECTION 4 - INFORMATION REGARDING APPLICATION**

**Cubic Yards to be Imported / Exported:**

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

Hours of operation and days of the week:

Purpose or reason of importation/removal.

Start of work: .....

End of work: .....

It should be noted that this permit is invalid after six months.

**SECTION 5 - INFORMATION REGARDING SOURCE PROPERTY**

(Note: Where Soil or Fill Material is coming from or going to)

Source of Material:

Address of Property:

Municipality:

County:

OWNER (or Representative of Owner)

Name:

Address:

Telephone No./ Fax No.:

Email address:

Detailed description of the methods, conveyances and machinery to be employed for the soil removal/ importation activity.

State the source/origin of soil/fill material and reason for its removal:

**Provide documentation from the soil or fill material supplier(s) certifying that the material is imported is free of contaminates.**

For Soil removal only- provide a plan showing existing and finished contours of the site of removal and disposition of the soil, shown at a scale of not less than one-inch equals 100 feet and a contour interval of two feet.

**Upper Delaware Conservation District:**

**Date Approved:**

**Date Denied:**

**Not Applicable:**

**All applicable sections of the Liberty Township Code Chapter 87B must be met. Ordinance is attached to this Application.**

**SECTION 6 - AUTHORIZATION AND VERIFICATION**

Certification of contractor that he will comply with Reclamation Plan or Soil Filling Plan.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, (Applicant's name or agent) certify that the statements contained in this application are true.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner authorization for soil importation in accordance with submitted plans.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Approved/Disapproved \_\_\_\_\_ Date \_\_\_\_\_