

SADSBURY TOWNSHIP  
2920 LINCOLN HIGHWAY, PO BOX 261  
SADSBURYVILLE, PA 19369

**\$100.00**

Grading Permit # \_\_\_\_\_  
Submission Date: \_\_\_\_\_

**GRADING, EROSION & SEDIMENTATION CONTROL PERMIT APPLICATION**

OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

APPLICANT: \_\_\_\_\_  
(If different from Owner)  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

Property Location (If different from above):  
Address: \_\_\_\_\_  
Lot Number: \_\_\_\_\_ Tax Parcel Number: \_\_\_\_\_

**THREE SETS OF PLANS REQUIRED:**  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Registered Engineer / Surveyor: \_\_\_\_\_

Description of work to be performed: \_\_\_\_\_

Square Feet or Acres of Disturbance: \_\_\_\_\_

Other Properties: Does work back up to discharge water on, or affect any other property in any way?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, list and describe other properties affected and to what extent: \_\_\_\_\_

Method of maintaining and protection existing facilities: \_\_\_\_\_

Anticipated date to begin work: \_\_\_\_\_ Anticipated date to complete work: \_\_\_\_\_

Permit shall expire twelve (12) months from date of approval, unless a Permit Extension is requested and approved prior to the expiration date.

**The applicant is responsible for all professional consultant fees associated with the review of any plans, and for construction surveillance fees for site inspections associated with this grading permit.**

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Township Approval: \_\_\_\_\_ Date: \_\_\_\_\_