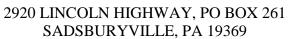
## **SADSBURY TOWNSHIP**





Grading Permit #	
<b>Submission Date:</b>	

OWNER:	
ADDRESS:	
	FAX: EMAIL:
APPLICANT.	EMAIL.
(If different from Owner)	
,	PHONE:
	T) 4 S7
	EMAIL:
<b>Property Location (If different from above):</b>	Zivi Misi
Address:	
	Tax Parcel Number:
THREE SETS OF PLANS REQUIRED:	
	Date:
Registered Engineer / Surveyor:	
Description of work to be performed:	
Square Feet or Acres of Disturbance:	
Yes No	e water on, or affect any other property in any way?  nd to what extent:
Method of maintaining and protection existing fac	ilities:
Anticipated date to begin work:	Anticipated date to complete work:
Permit shall expire twelve (12) months from date of prior to the expiration date.	of approval, unless a Permit Extension is requested and approved
The applicant is responsible for <u>all professional co</u> <u>construction surveillance fees</u> for site inspections a	nsultant fees associated with the review of any plans, and for ssociated with this grading permit.
Owner's Signature:	Date:
Applicant's Signature:	Date:
Township Approval:	Date:

Zoning Ordinance 1999-07 Adopted August 3, 1999, Amended by Ordinance 2013-04, June 4, 2013