

GRADING PERMIT

RESERVE TOWNSHIP

Application for Grading Permit (Rev: 04-26)

Permit # _____ Date: Issued: _____

Location: _____ Contractor: _____
Purpose: _____ Address _____
_____ City State Zip
Allegheny County Lot & Block Number(s) _____
_____ Phone _____

Does Work affect other property in any way? Yes ___ No ___
If Yes Explain: _____

Date Work will Start: _____ Date Work to be Completed: _____

Plans (maximum size 24" X 36")
Prepared by: _____
Company _____
Engineers Name _____
Phone _____
Cubic Yards Estimate: _____
Estimated Cost: \$ _____
Bond or Cash Deposit
Required \$ _____

Performance Bond issued by:
_____ Company _____
Received By: _____ (Engineer)
_____ \$ _____
Date Amount

- CHECKLIST
- ___ Contours (existing)
 - ___ Contours (proposed)
 - ___ Property Lines
 - ___ Street Lines
 - ___ Owners
 - ___ Buildings
 - ___ Drains
 - ___ Trees > 8" dia.
 - ___ Soils Classification
 - ___ Engineers Seal
 - ___ Engineers Plan
 - ___ Ground Cover
 - ___ Engineers Report
 - 400 CY

Applicants Name: _____
Address: _____
_____ City State Zip
_____ Phone Fax _____

Applicant understands and acknowledges that all engineering review costs incurred by the Township shall be reimbursed by the applicant prior to the issuance of this permit. This permit shall become null and void in six (6) months from the date of issuance if work does not commence or in twelve (12) months from the date of issuance if the work is not completed. Requests to extend the permit time period must be submitted in writing and approved by the Township Engineer.

Signature of Applicant Date

(OVER)

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Township Engineer Special Conditions

This is to certify that all grading, filling, etc. stipulated in the above application Under Permit # _____ has been completed in compliance with the approved plans and specifications.

Applicants Engineer Date

Permit Approved for Issuance

Township Engineer Date

Township Engineer/Township Administration Date

WORKERS COMPENSATION ACT – TO BE COMPLETED BY CONTRACTOR

Contractor in compliance with Act 44 of 1993, hereby submits CHECK ONE

- ___ Certificate of Insurance () Attached On File ()
- ___ Certificate of Self Insurance () Attached On File ()
- ___ Affidavit of Exemption () Attached
- ___ Contractor/Applicant is a sole proprietorship without employees

- Permittee is responsible for:
- * Prevention and/or alleviation of any dust nuisance.
 - Removal of any dirt or debris spilled onto adjacent public street areas.
 - All vehicles hauling to or from the job site must use assigned truck routes (See Attached)
 - All vehicles hauling to or from the job site must have a copy of this permit and assigned truck route

Application Fee Due (Per Fee Schedule): \$ _____
Deposit \$ _____
Total Due/Paid \$ _____

Bond Required Yes ___ No ___ Bond Rec. Yes ___ No ___
Date: _____ Check # _____ Received By Emp: _____

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ASSIGNED TRUCK ROUTE

Excavation/Fill Location: _____

Over Weight Permit Required (Y/N) _____

Overweight Permit No. # _____

Assigned Route:

Date Overweight Permit Issued: _____

Destination Location: _____ *(Place where excavation debris will be unloaded)*

Assigned Route:

Approved Route: _____

Signature Reserve Twp

Permittee/ Representative _____

Signature

ALL VEHICLES HAULING TO AND FROM THE SITE MUST HAVE A COPY OF THIS PERMIT SHOWING ASSIGNED ROUTES IN THEIR POSSESSION FOR INSPECTION BY THE RESERVE TOWNSHIP POLICE DEPT. FAILURE TO PRODUCE THIS PERMIT WILL RESULT IN TERMINATION OF ALL GRADING/ HAULING ACTIVITIIES AS DIRECTED BY THE POLICE DEPT.

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GRADING INSPECTIONS

The Building Inspector/Township Engineer will conduct required inspections as requested by the Permit Holder for that portion of work completed and shall either approve or refuse to approve the work completed and the continuation of the project. The permit holder shall provide a minimum of a 24 hour notice before an inspection may be made. Notification excludes Weekends and Holidays.

Initial Inspection Date Completed _____ Inspection By _____ Approved (Y/N) _____
(When work on the excavation or fill is about to commence)

Rough Grading Date Completed _____ Inspection By _____ Approved (Y/N) _____
(When all rough grading has been completed)

Drainage Facilities Date Completed _____ Inspection By _____ Approved (Y/N) _____
(When drainage facilities are to be installed and before those facilities are backfilled)

Special Structures Date Completed _____ Inspection By _____ Approved (Y/N) _____
(When excavation is complete for retaining & crib walls and where reinforcing steel is in place – before concrete is poured)

Final Inspection Date Completed _____ Inspection By _____ Approved (Y/N) _____
(When all work, including the installation of all drainage and other structures has been completed.)

CERTIFICATE OF COMPLETION

PERMIT # _____

Date Issued: _____

Issued By: _____ Title: _____

Return of Deposit Amount: \$ _____

Deposit Received By: _____
Signature