

TOWN OF MARCELLUS

CODE ENFORCEMENT OFFICE

22 East Main Street
Marcellus NY 13108
315-673-3269
Fax: 315-673-9102

www.marcellusny.com

codes@marcellusny.com

EXCAVATION / FILL PERMIT APPLICATION PROCEDURE

- A) Complete all applicable sections of the Excavation / Fill Permit Application.
- B) Sign and date the bottom of the application.
- C) Submit the following required items with your completed application:
(Some may not be applicable to your project)
- ☐ Copy of your survey indicating the project location with dimensions
 - ☐ A complete description of the project including details on the erosion, runoff and siltation control measures to be installed
 - ☐ Approved NYSDEC General Permit (If disturbing one acre or more of land)
 - ☐ Contractor Insurance Certificates with Town of Marcellus as certificate holder:
 - o General Contractor's Liability Insurance Certificate
 - o General Contractor's Workman's Compensation Insurance Certificate or exemption (Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12 or BP-1)
- D) The Code Enforcement Officer has ten days to review a completed application and to approve or deny same. Typical applications take 1-2 days to review.
- E) The erosion, runoff and siltation control measures must be inspected and approved before work can commence.
- F) Length of validity. Permits shall be valid for up to one year from date of issue. An extension may be granted, provided that such an application shall be made in writing prior to the end of the first year and good cause is shown. An extension request may require review by the Zoning Board of Appeals.
- G) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 working days before any excavation starts.
- H) If you have any questions or need assistance with your application, please contact the Code Enforcement Office:

Codes Office673-3269, extension 4, codes@marcellusny.com
Planning / ZBA673-3269, extension 7, pbzba@marcellusny.com

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EXCAVATION / FILL PERMIT APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-mail: _____

Tax Map Number: _____ Zoned: _____ Subdivision Name: _____

Undersigned Petitions Permission For:

Project Type: () Residential () Commercial () Other: _____

Description of the proposed project and its proposed use: _____

Dimensions of area to be excavated or filled: Width: _____ Length: _____ Depth: _____

Is the project within a Critical Environmental Area? _____ Estimated cost of project: \$ _____

Will the project cause the disturbance of one or more acre of soil? _____

Is the project in a flood hazard zone? _____ Is the project within 100' of any wetlands? _____

Contractor: _____ Contact Person: _____

Address: _____ Phone: _____

The applicant shall be responsible for:

1. Calling 811 before bringing heavy equipment on site or excavating.
2. Erosion, runoff, and siltation control measures in accordance with New York State guidelines.
3. Dust, mud, and debris control on public highways.
4. Screening for surrounding areas, if required.
5. Reclamation, including suitable replacement of ground cover, topsoil and seeding.
6. The entire cost of reclamation should agents of the Town be required to complete said reclamation.

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of the New York State Department of Environmental Conservation, Town of Marcellus Zoning Law and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

Inspections Required: I understand I am responsible to ensure that the erosion, runoff and siltation control measures are in place and maintained and that in no case shall work commence until such measures have been approved by the code enforcement officer.

Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER OF PREMISES: _____

DATE: _____

Official Use Only

Date Completed: _____ Date Approved: _____ Approved By: _____

Application No.: _____ Date Denied: _____ Denied By: _____

FMV: _____ Date Notified: _____

Fee: _____ Reason Denied: _____