



Borough of Haworth

Building Department

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SOIL MOVEMENT APPLICATION

APPLICANT: _____ PHONE: _____

ADDRESS: _____ EMAIL: _____

OWNER: _____ PHONE: _____

EMAIL: _____

SITE ADDRESS: _____

BLOCK: _____ LOT: _____

DESCRIPTION / PURPOSE OF WORK: _____

ROADS USED TO & FROM SITE: _____

SOIL MOVING CALCULATIONS: PLEASE COMPLETE ALL

TOTAL CUT	
TOTAL FILL	
TOTAL IMPORT	
TOTAL EXPORT	
GRAND TOTAL EXCAVATION	

KIND AND QUALITY OF SOIL TO BE IMPORTED / EXPORTED: _____

KIND AND QUALITY OF SOIL TO BE EXPORTED: _____

STARTING DATE: _____ COMPLETION DATE: _____

FEE: PER CHAPTER 12-1.5 j SOIL MOVEMENT

TOTAL QUANTITY MOVED CUBIC YARDS: _____ X \$0.20 = _____

MINIMUM FEE: \$150

TOTAL: _____ CHECK#: _____

APPLICANT SIGNATURE

DATE

BOROUGH ENGINEER (IF NEEDED)

DATE

CONSTRUCTION OFFICIAL

DATE