



Montague Township  
 277 Clove Road  
 Montague, NJ 07827  
 973-293-3366

Block: \_\_\_\_\_  
 Lot: \_\_\_\_\_  
 Qualifier: \_\_\_\_\_  
 Application Date: \_\_\_\_\_  
 Permit # : \_\_\_\_\_

## MINOR/MAJOR SOIL Zoning Permit Application

MINOR	\$250.00
MAJOR	\$500.00

**MINOR: Projects involving between 15 cubic yards and 299 cubic yards of soil or fill.**  
**MAJOR: Projects involving 300 cubic yards or more of soil or fill.**

Worksite/Address: \_\_\_\_\_ Zone: \_\_\_\_\_  
 Montague Township, NJ

**NOTE: ANY FILL PROJECT OVER 5,000 SQFT REQUIRES A PERMIT FROM SUSSEX COUNTY**

Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1.) SCOPE OF WORK: \_\_\_\_\_

2.) WHERE WILL THE FILL DERIVE FROM: (PHYSICAL ADDRESS, PHONE NUMBER)

2a. NAME OF HANDLER \_\_\_\_\_

2b. SOIL ANALYSIS \_\_\_\_\_ 2c. Amount of fill in cu. Yrds \_\_\_\_\_

3.) DIMENSIONS ON SURVEY NOTING AREA OF DISTURBANCE

**4.) Attach (2) sets of a recent survey, showing size of lot, bounding streets, type & location of existing & proposed structures, & distances from structures to property lines. A copy of the Certification of Clean Fill.**

**Applicant's signature:** \_\_\_\_\_

**Application Fee must accompany the Application.**

Paid by: cash  check #

Collected by: \_\_\_\_\_ Date received: \_\_\_\_\_

Date _____	APPROVED	Official: _____
	DENIED	