



GRADING PERMIT APPLICATION

The undersigned hereby makes application for a grading permit pursuant to Chapter 9, Grading and Excavating, of the Borough of Castle Shannon Ordinance #522 as amended.

Date Application Received: _____ Permit No.: _____

Fee Received: _____

Property Address: _____ Lot & Block Number: _____

Property Owner's Name: _____

Address: _____

Email Address: _____ Phone: _____

Grading Contractor's Name: _____

Address: _____

Phone: _____ Cell: _____

Email Address: _____

Grading Plan Prepared By: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Estimated Amount of Grading: _____ (Cubic Yards)

Deepest Cut: _____ (Feet) Deepest Fill: _____ (Feet)

The grading project will be _____ feet from the property line at the closest point.

This grading project is associated with a _____

(Issued Building Permit, Pending Building Permit, Approved Site Plan, Pending Site Plan, Approved Subdivision, Pending Subdivision, Storm Water Management Project, Other Public Improvements, No Other Project)

Work will Commence _____ And be completed by: _____

Applicant's Name: _____
(please print)

Applicant's Address: _____

Email Address: _____ Phone: _____

Applicant's Signature: _____ Date: _____