# Elizabeth Township Grading, Clearing and Excavating Application 522 Rock Run Road ~ Elizabeth, PA 15037 Phone: 412-751-2880 ~ Fax: 412-751-6002

Date application received:	Date application accepted as completed:	Permit Number

### SUBMIT 12 FULL-SIZE COPIES OF APPLICATION & ALL SUPPORTING DOCUMENTS WITH REQUIRED FEES. ORIGINAL APPLICATION MUST BE NOTARIZED.

ALL APPLICANTS MUST COMPLETE THIS SECTION IN ITS ENTIRITY.								
Plan Name or Project Title:			Block/Lot(s): Tax I.D. #'s		Zoning District:			
Property Address & Location:								
*Applicant's Name:								
Mailing Address:		City/S	City/State:			Zip:		
Phone:	Cell:		Fax:	Fax: Email:				
Landowner's Name:								
Mailing Address:		City/S	City/State:			Zip:		
Phone:	Cell:		Fax:	x: Email:				
Contractor's Name:								
Mailing Address:		City/S	City/State:			Zip:		
Phone:	Cell:		Fax:	ax: Email:				
Engineer/Surveyor's Name:								
Mailing Address:		City/State:		Zip:		Zip:		
Phone:	Cell:		Fax:	Fax: Email:				
Architect's Name:								
Mailing Address:		City/S	City/State:		Zip:		Zip:	
Phone:	Cell: F		Fax:	Email:				
Existing Use of Property:								
Proposed Use of Property:								
Is site located within the identified area?	d flood plain	plain FEMA (Panel) N		l) Map Number:		Watershed Name:		
Cut Volume (Cu Yds):		Fill Volume (Cu		Cu Yds):		Total Acreage of Trees to be removed:		
Maximum Depth of Cut:	Maximum De		Depth of Fill	epth of Fill:		NPDES Number:		
Location of Offsite Borrow/Dispo- (if required)	ocation of Offsite Borrow/Disposal:  f required)  Expected Stan		tart Date:	rt Date: Expected Completi		Completion	Date:	
Total Acreage of Property: Disturbed Acrea		creage:			Estimated Value of Grading Work:			

INDICATE FULL DESCRIPTION OF PROJECT INCLUDING CURRENT USE AND ULTIMATE PURPOSE OF PERMITTED SITE):	

\*If APPLICANT is other than the current owners of record, signed evidence of authorization designating the applicant to represent and act on behalf of the actual landowner(s) is required to be submitted with this application. This evidence of authorization must be by notarized letter. In addition, the letter must state that the landowners acknowledge that under current Township Ordinances that the applicant is responsible for any and all review, engineering and other fees invoiced by Elizabeth Township. These may exceed the stated amounts shown in the Fee Resolution. TO BE COMPLETED BY ALL APPLICANTS. Applicant, by being duly sworn, says he/she is: ☐ The owner of the property in question. ☐ The authorized agent for the owner of record of the property for which the application is made. The owner's signed and notarized authorization to his/her agent to act on owner's behalf is required to be submitted. All information provided on and with this application is true and correct to the best of my knowledge or belief. INDIVIDUAL APPLICANT (PRINT NAME): Signature of Individual Signature of Individual PARTNERSHIP APPLICANT (PRINT NAME): By: Signature of Partner **Printed Partner Name** Signature **Printed Partner Name** CORPORATE APPLICANT(PRINT NAME): Signature **Printed Name and Title** NOTE: THE UNDERSIGNED UNDER CURRENT TOWNSHIP ORDINANCES ACKNOWLEDGES THAT THE APPLIANT IS RESPONSIBLE FOR ANY AND ALL REVIEW, ENGINEERING AND OTHER FEES INVOICED BY ELIZABETH TOWNSHIP. THESE MAY EXCEED THE STATED ESCROW AMOUNTS SHOWN IN THE FEE RESOLUTION. SUBMISSION OF PLANNING APPLICATION DOES NOT ASSURE ISSUANCE OF A GRADING PERMIT. Signature of Applicant Print Name and Title **OFFICIAL USE ONLY** Issuance of a permit in no way waives the applicants responsibility to secure additional permits from appropriate review agencies at the State and Federal levels, nor does it affirm or deny the presence of unstable materials on the site upon which the earthmoving activity is to take place. Issuance grading, clearing, excavation, and filling permit for work described above hereby /approved subject to the following conditions: denied (date) (date) by Township Engineer

### **AFFIDAVIT OF VERIFICATION BY LANDOWNER**

## COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

SS:

	day of		, 20	, before me, the
igned officer,			, known to	o me or satisfactorily
to be: (choose one)				
The individual whose na	me is subscribed to the w	ithin instrument;		
A partner of		, a Pennsylv	vania Genera	al/Limited Partership; or
The	of	, a corp	oration	
knowledge that: (choose	one)			
He/she				
He/she as such		partne	r	
He/she as such himself/herself executed	I the foregoing instrument	by sig	ning the nar	me of the corporation as ed.
(Seal)	IN V	VITNESS WHEREOF, I h	nereunto set b	by hand and official seal.
	Nota	ary Public:		
	igned officer,  to be: (choose one)  The individual whose na  A partner of  The  knowledge that: (choose  He/she  He/she as such himself/herself executed	igned officer,	to be: (choose one)  The individual whose name is subscribed to the within instrument;  A partner of	The individual whose name is subscribed to the within instrument;  A partner of

#### **AGENT AUTHORIZATION FORM**

Name of Property Owner(s)						
Address of Property or Description Project						
County Assessment Lot and Block Map Number(s)						
The above named property owner hereby appoints as its agent(s), and authorizes said agent to apply for and process the above mentioned application on his/her behalf. Agent(s) is/are further authorized to sign all necessary documentation for such Municipal purposes, including acceptance of conditions imposed by the Board of Commissioners upon approval of the plan. This authorization shall remain in force and effect until written notice of revocation is delivered to the Township of Elizabeth.						
purposes of recording of subdivisions, transfer	of the above-named to act as agent(s) for the undersigned for of ownership of land, any actual excavation, construction or than to apply for and obtain approvals from Elizabeth Township of					
SIGNED AND SEALED, intending to be legally bound	on this date of,					
OWNER (PRINTED NAME)	(SEAL) OWNER (SIGNATURE)					
	(SEAL)					
OWNER (PRINTED NAME)	OWNER (SIGNATURE)					
( Seal )	IN WITNESS WHEREOF, I hereunto set by hand and official seal.					
( ocur)	Notary Public:					