



# Clear & Grade Application Clearing, Grading, and Stormwater Management

### Office Use Only:

Application Date: \_\_\_\_\_ Plan: \_\_\_\_\_ Permit: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_ Street Cleaning Deposit \$1,000 Rcpt. No. \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL INFORMATION

Name of Development: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Description of Proposed Action:

### FOLLOWING INFORMATION REQUIRED (IF APPLICABLE)

Location of Subject Property: \_\_\_\_\_

Legal Description (attach additional pages if required):

Property Contiguous to Hazardous Liquid Pipelines Must Provide Ticket Number From "One Call Center".

### AUTHORIZATION TO FILE SIGNATURE OF ALL PERSONS WITH AN INTEREST IN THE PROPERTY

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Tax Lot and STR/Lot Subdivision: \_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Owner  Contract Purchaser  Consultant

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Option Purchaser\*  Option Expiration Date

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\*Owners Signature also required

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### CERTIFICATION

*I hereby certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on the behalf of the signatories of the above authorization.*

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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The following information should be submitted prior to submittal so that staff can establish plan review fees:

Land Area Cleared/Disturbed (sq. ft.) \_\_\_\_\_ (s.f.)

Amount of Material Moved (cubic yds.) \_\_\_\_\_ (c.y.)

Amount of New Impervious Surface (sq. ft.) \_\_\_\_\_ (s.f.)

Amount of Replaced Impervious Surface (sq. ft.) \_\_\_\_\_ (s.f.)

Amount of New Pollution Generating Surface (sq. ft.) \_\_\_\_\_ (s.f.)