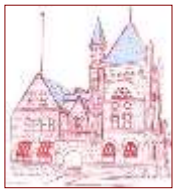
CITY OF WEST HAVEN, CONNECTICUT
Planning and Development Department

City Hall | 355 Main Street | Third Floor
Phone 203.937.3580 Fax 203.937.3742
West Haven, Connecticut 06516-0312
E-Mail: planning@cityofwesthaven.com



CITY HALL 1898-1967

SUPPLEMENT FOR RESOURCE REMOVAL, FILLING AND GRADING

1. **LOCATION OF PROPERTY:**
   STREET ADDRESS; **TAX MAP** **PARCEL** **ZONING DISTRICT**

   _____ _____ _____ _____

2. **OWNER OF PROPERTY:**

   _____

3. **ADDRESS OF OWNER:**

   _____

4. **TELEPHONE NUMBER:** **E-MAIL ADDRESS**

   _____ ____

5. **NAME OF APPLICANT:**

   _____

6. **ADDRESS OF APPLICANT:**

   _____

7. **TELEPHONE NUMBER:** **E-MAIL ADDRESS**

   _____

8. **ATTORNEY:**

   _____

9. **ADDRESS:**

   _____

10. **TELEPHONE NUMBER:** **E-MAIL ADDRESS**

    _____

11. **SIGNATURE OF APPLICANT:** **DATE**

    _____ _____

12. **SIGNATURE OF OWNER AUTHORIZING THIS APPLICATION:**

    _____ _____

13. **NAME OF SURVEYOR:**

    _____

14. ADDRESS:

_____

15. TELPHONE NUMBER: E-MAIL ADDRESS

_____

16. NAME OF SITE ENGINEER:

_____

17. ADDRESS:

_____

18. TELEPHONE NUMBER: E-MAIL ADDRESS

_____

20. PROVIDE A COPY OF ANY RECORDED EXISTING EASEMENTS OR FLOWAGE RIGHTS

21. SIZE OF TRUCKS AND NUMBER OF DAILY TRIPS ON AND OFF THE SITE.

_____

22. INCLUDE A NARRATIVE USING CONNECTICUT GUIDELINES FOR SOIL EROSION AND SEDIMENT CONTROL STANDARDS.

23. DESCRIBE THE REASONS FOR THE AREA TO BE GRADED, FILLED OR EXCAVATED.

_____

_____

24. LIST ANY AND ALL STATE OR FEDERAL PERMITS REQUIRED AND THEIR STATUS.

_____

_____

25. PROVIDE A COPY OF EACH PERMIT ISSUED OR APLICATION FILED.