

ORDINANCE 1041A APPLICATION FOR GRADING PERMIT

SITE ADDRESS _____ CITY: Newport STATE: Michigan ZIP: 48166 PARCEL NUMBER (from tax billing) _____ LOT SIZE _____ feet x _____ feet OWNER'S NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PH# _____ (Work) _____ (Home) _____ (Cell) _____ (Email)	CONTRACTOR _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____ EMAIL _____ PH# _____ LICENSE# _____
Existing Use _____ Proposed Use _____ Proposed Work Description with site plan (next page), existing grade, proposed grade, and means to control runoff (temporary & permanent): _____ _____	<p style="text-align: center;">***** PRIOR APPROVALS REQUIRED ***** (ATTACH COPIES OF ALL APPLICABLE APPROVALS)</p> Monroe County Drain Commission Permit No. _____ MDEQ Permit No. _____ US Army Corps of Engineers Permit No. _____ Total Area Disturbed (Sq Ft) _____ Depth of material (inches) _____ Amount of Material to be Deposited (Cu Yd) _____ Type of material to be deposited _____
<p>I CERTIFY THAT THIS APPLICATION IS CORRECT AND I HAVE THE AUTHORITY TO MAKE SUCH APPLICATION; AND I AGREE TO COMPLY WITH ALL REQUIREMENTS OF VILLAGE ORDINANCE 1041A, and APPLICABLE FEDERAL, STATE, and COUNTY PERMITS.</p> Signature – Owner/Authorized Agent: _____ Date _____ Email Address _____ Name (please print) _____ Preferred Phone _____ Address _____ City _____ State _____ Zip _____	
FOR OFFICE USE ONLY	
DEPT OF PLANNING & ZONING: TEMPORARY SOIL EROSION CONTROLS REQUIRED (Y/N) _____ DATE MEASURES REMOVED OR MADE PERMANENT _____ PROPERTY ID NO: _____ CASH RECEIPT NO. # _____ DATE RECEIVED: _____ GRADING PERMIT NO: _____ APPROVED: _____ SIGNATURE _____ DATE _____ \$ _____ Permit Fee (Minor Fill - \$0 for ≤ 5 yd ³ , Major Fill - \$10 for > 5 yd ³) CHECK# _____ \$ _____ Inspection Fee for Major Fill only = (# yd ³ Fill rounded up to the nearest multiple of 20) ÷ (20 yd ³) x (\$10) \$ _____ Total Fee Example: Homeowner wants 25 yd ³ , round up to next multiple of 20 => 40 yd ³ , 40 yd ³ ÷ 20 yd ³ x \$10 = \$20	

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PLAN VIEW OF PROJECT
