PLANNING AND ZONING COMMISSION

TOWN OF BETHANY
Town Hall – 40 Peck Road
Bethany, Connecticut 06524-3338
Tel. (203) 393-2100, Ext. 112 or 113
Fax: (203) 393-0828

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APPLICATION FOR AN EARTH REMOVAL, EXCAVATION, FILLING, STOCKPILING AND GRADING PERMIT

In accordance with Section 8 of the Bethany Zoning Regulations, the undersigned hereby applies for a permit for earth removal, excavation, filling, stockpiling and grading on property located at _____ which is in a Residential / Commercial zone. The material to be removed is topsoil, gravel, sand or other (specify material):_____

☐ A) Administrative Approval Per Section 8 of the Bethany Zoning Regulations. The following is attached and made a part of this Application:
   1) All maps and other documentation required for an Administrative Permit for Earth Removal, Excavating, Filling, Stockpiling and Grading pursuant to Section 8 of the Bethany Zoning Regulations.
   2) Check in the amount of $ 210.00 made payable to the Town of Bethany.

☐ B) Special Exception Application per Section 8 of the Bethany Zoning Regulations. The following is attached and made a part of this Application.
   1) All maps and other documentation required for a Special Exception Permit for Earth Removal, Excavating, Filling, Stockpiling and Grading pursuant to Section 8 of the Bethany Zoning Regulations.
   2) Check in the amount of $ 510.00 made payable to the Town of Bethany.

LETTER OF PERMISSION

The owners of this land, by this letter, give permission to the Bethany Planning and Zoning Commission granting the Town of Bethany and its agents, servants and employees, the right to enter upon the property for inspections as the work progresses, and to perform such work, including but not limited to regrading, seeding, and removal of debris, as may be required to correct any violations of the terms of the Earth Removal, Excavating, Filling, Stockpiling and Grading Permit issued.

_____ _____ _____
Owner's Name Owner's Signature Date

Owner's Address: _____

Phone Numbers-- Home: _____ Work: _____ Cell: _____