

APPLICATION FOR CLEAN FILL PERMIT

DATE OF APPLICATION: _____

PERMIT #: _____

NAME: _____

MAP WITH TWO REFERENCE POINTS

ADDRESS: _____

CITY, STATE, ZIP: _____

LOCATION OF APPLICATION: _____

FILL TO BE ACQUIRED FROM: LOCATION) _____

PHONE: (HOME) _____ (WORK) _____

If permit is granted, I promise to keep the premises of this clean fill operation in a clean and sanitary condition at all times, and to strictly comply with Rule 2 and 3 of the Rules and Regulations of the Board of Health. I understand that I may not begin filling and/or will cease any filling that is to take place until the Conservation Commission has approved my application and I have paid for the Permit issued by the North Adams Health Department.

SIGNED: _____

Questions concerning the Conservation Commission and meeting dates should be directed to Chairman Thomas Leveque, 663-6613.

For office use only - Do not write below this line.

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DATE OF INSPECTION: ____ / ____ / ____

PERMIT #: _____

INSPECTED BY: _____

FEE: \$ 25.00

THIS SITE HAS BEEN INSPECTED AND APPROVED FOR A CLEAN FILL PERMIT TO BE ISSUED BY THE NORTH ADAMS HEALTH DEPARTMENT.

APPROVED BY: _____
Authorized Agent of the Conservation Commission

APPROVED BY: _____
Authorized Agent of the Health Department

PERMIT APPROVAL DATE: ____ / ____ / ____

PERMIT DATE OF EXPIRATION: ____ / ____ / ____

**** ONE COPY TO THE APPLICANT, CONSERVATION COMMISSION, AND BOARD OF HEALTH ****