

# 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 662-3038.

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 \*\***