



Township of Mansfield

100 Port Murray Rd – Port Murray, NJ 07865

Phone (908) 689-6151

Fax (908) 689-2840

SOIL FILL/IMPORTATION PERMIT APPLICATION

MINOR SOIL PERMIT (100-500 cubic yards of soil fill)

Name of *Applicant*

Name of *Property Owner* (if other than applicant)

Address

Address of Property Owner

Contract Number

Email Address

BLOCK _____ **LOT** _____ (Location of the Proposed Soil Importation)

Current Description of Site (eg. vacant, wooded, existing home, etc.) _____

Brief Description of Proposed Project _____

Quantity of Soil to be Filled _____ (Cubic Yards) (If greater than 500 cubic yards, a major soil permit is required; if greater than 2,001 cubic yards, a large bulk soil/fill importing placement permit is required)

Source of Material _____

(Certification required that soil/fill is considered “clean fill” as regulated as per NJ DEP standards for residential clean fill)

Location/Area where soil/fill will be placed _____

Start Date _____ Completion Date _____

By signing below, I acknowledge that I have read the attached Chapter 285 of the Code Book of the Township of Mansfield. I understand and agree to these rules and regulations, and to maintain soil fill design as shown on the approved plans.

Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Permit Application Fee: \$150 Date Received: _____ Check #: _____ Initials: _____

Escrow Deposit: \$700 Date Received: _____ Check #: _____ Initials: _____

Completed attached W9 for Escrow Account _____ Yes _____ No

Application Approved: _____ Yes _____ No Date: _____

Reason for Denial: _____

Date of Issuance: _____

Permit #: _____

Township Engineer's Signature _____