



**Town of Stafford, CT**  
 1 Main Street, Stafford Springs, CT 06076-1208  
 PLANNING & ZONING COMMISSION  
 (860) 684-1793 · Fax (860) 684-1768

<b>BOND</b>
Date: _____
Amt: \$ _____

**TEMPORARY EARTH REMOVAL PERMIT**

**FEE:** Fee of \$75.00 as required in Sec. 6.70 received? YES \_\_\_ NO \_\_\_ DATE: \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**APPLICANT'S REPRESENTATIVE:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**PROPERTY OWNER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ENGINEER:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ZONE:** \_\_\_\_\_ **LOCATION:** (List Abutting Streets) \_\_\_\_\_

**DESCRIPTION:** Provide a brief explanation of proposed operation \_\_\_\_\_

**SCOPE OF WORK:** The approximate amount of material to be excavated or filled: \_\_\_\_\_

**BLASTING:** Does proposed operation include blasting? NO \_\_\_ YES \_\_\_ (if yes, see below)

Indicate the amount of area to be blasted: \_\_\_\_\_

**ABUTTING PROPERTY OWNERS** (Names & Addresses. Attach a separate paper if necessary.)

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_

YES \_\_\_ NO \_\_\_ I have provided a boundary and location map, and plan as required in Sec. 5.01 of the Stafford Planning & Zoning Regulations and I have submitted two (2) additional copies of each.

YES \_\_\_ NO \_\_\_ I have examined and familiarized myself with ALL Planning & Zoning Regulations including Sec. 5.01

**APPLICANT** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OWNER** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INLAND/WETLANDS** APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLIC HEARING** DATE: \_\_\_\_\_ **EXPIRATION** DATE of this permit: \_\_\_\_\_

**APPLICATION:** APPROVED \_\_\_ DISAPPROVED \_\_\_ **PERMIT #** \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL** Requirements or Comments: \_\_\_\_\_

**SIGNATURES** of Commissioners:

\_\_\_\_\_  
 \_\_\_\_\_