Office of Planning and Zoning

Application for Clearing, Filling, Grading Permit

Town of Clarence, New York

Date: _____

Received by: _____

Fee: _____

Applicant Name: _____

Business Name: _____

Site Location: _____

Contact Phone Number: _____

Contact E-Mail: _____

Description of activity: _____

_____

Total cubic yards to be filled: _____

Total cubic yards to be removed: _____

I have read and agree to the Clearing, Filling, Grading Law of the Town of Clarence.

_____ _____

Signature Date

Town Use Only:

Town Board Approval:

_____

Remarks or Conditions: _____

_____

Post clearing plans	_____	Property owner agreement	_____
Highway Superintendent	_____	Tax bill receipts	_____
SEQRA	_____	NYSDEC mining permit	_____

Action: _____ By: _____ Date: _____

Town Clerk: _____ Date Issued: _____

Method of Payment: _____ Permit #_____