

Town of Newstead
5 Clarence Ctr Rd.
Akron, NY 14001
Tel: (716) 542-4574

**EXCAVATIONS, TOPSOIL REMOVAL,
FILL, or POND APPLICATION**

SBL#

for office use only

PERMIT

Grading/Drainage Plans (2 sets)

SWPPP (if necessary)

SPDES (if necessary)

Survey

Insurance for Contractor/owner

General Liability

Worker's Comp

Disability

OR

Homeowner Affidavit



Fax: (716) 542-3702
E-mail:

dmiller@townofnewstead.com
Web Site: www.erie.gov/newstead

PARCEL LOCATION: _____

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHONE # & EMAIL: _____

*Please check all boxes that apply to your project

- Excavate *Depth of excavation _____ ft.
- Topsoil removal
- Fill # of yards of fill: _____
- Pond (Requires site drainage plan prepared by a licensed surveyor or engineer)

Cost of Project

\$ _____

Length _____ ft. Width _____ ft. Depth _____ ft.

Distance from road right-of-way _____ ft. (must be 100' minimum)

Distance from sidelines and rear line (must be 20' minimum): _____ ft. _____ ft. _____ ft.
Side Side Rear

Additional Government Agency permits required? yes no _____
Agency

Contractor Address Phone

FOR OFFICE USE ONLY:

Permit Fee \$ 50

Town Engineer Review \$ 250

\$ 300

PERMIT FEE

\$ _____

Approvals:

- Town Engineer
- Highway Superintendent

Date: _____
Date: _____

Cash _____ Check # _____ Credit _____
(Check payable to "Town of Newstead")

Bond/Cash Deposit posted yes no _____
Dated

Building Inspector:

- Approved Disapproved

Permit Issued on: _____
(Work must commence within 6 months)

Signature: _____ Date: _____
David Miller

Permit Expires in 12 months: _____

Permit Renewal: (Subject to NYS Code Changes & Building Inspector Approval)

Signature: _____
David Miller

TOWN CLERK STAMP CASH OR CREDIT