



# 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

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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 # \_\_\_\_\_