



Application Excavation Permit

Town of Clarence, New York

Date: _____

Received by: _____

Fee: _____

Name of Business: _____

Address of Business: _____

Contact Name & Number: _____

Contact E-Mail: _____

Location of Material: _____

Pile No. _____ Length _____ Depth _____ Avg. Height _____

Total cubic yards to be removed: _____

I have read and agree to the Excavation Law of the Town of Clarence (L.L. 93).

Signature

Date

Town Use Only:

Town Board Approval:

Remarks or Conditions: _____

Post excavation plans _____

Property owner agreement _____

Highway Superintendent _____

Tax bill receipts _____

SEQRA _____

NYSDEC mining permit _____

Action: _____ By: _____ Date: _____

Town Clerk _____

Date: _____

Method of Payment: _____

Permit # _____