FILL & GRADING APPLICATION



COMMUNTIY DEVELOPMENT

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OFFICE USE ONLY **BUILDING PLANNING** Date received: Date received: Date issued: Date issued: Permit No. L.U.P. No. **Required Approvals** Signature Date Remarks City UGA Fire Department Public Works Sanitation Water District

		Irrigation District	
Inspection Line: (541) 308-0646		Planning Department	
Type of P	ermit		Zone:
			Setbacks:
☐ Cut	□ Fill	Total Cubic Yards	Front:
Job Site I	nformation		Int. Side:
Townshi	p: Range:	Section:	Tax Lot: Ext. Side:
Job Add			Rear:
Descript	on of work:		Height:
Site Con	dition: (Hill Side, Wet Area, Expansive Soil, C	Other)	Other:
Water S	upply Source:	Method of Sewa	ge Disposal:
Owner	SIGNATURE REQUIRED		A fill and grading permit is valid for 180 days. An approved inspection extends the permit 180 days from the date of that inspection. If the project is not commenced, abandoned, or inspection.
Name:			a required, approved inspection has not been performed with
Address	:		a 180 day period, the permit expires. To revalidate a permit expired for six months or less, half the original permit fee sha
City:	State:	Zip:	be paid. Prior to expiration, a one-time free extension may b granted. After six months since expiration, a new application
Phone:	Fax/email:	:	shall be filed.
Contracto	r		Fees
Name:			Fill (yds) (depth) \$
Address	:		Cut (yds) (depth) \$
City:	State:	Zip:	Plan Check \$
Phone:	Fax/email:	:	
CCB No:	Exp	pires:	Planning \$
			Other \$
Engineer			
Name:			TOTAL \$\$
Address			Amount Paid \$
City:	State:	Zip:	Balance Due \$
Phone:	Fax/email:	:	
Authoriz	ed Signature:	Date:	
Print Na	me:	Title:	