



Charter Township of Marquette
 1000 Commerce Drive, Marquette, Michigan 49855
 Phone: 906-228-6220 • Fax: 906-228-7337
 www.marquettetownship.org



Application for Grading Permit

**NOTE: This Application must be completed and submitted to the Marquette Township Offices
 Be sure to complete ALL sections of this form. Please Print or type.

Application Type:

| | | |
|------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal | <input type="checkbox"/> Modification |
|------------------------------|----------------------------------|---------------------------------------|

Project Name / Proposed Site Name

| |
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| |
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Applicant Information

| | | | |
|---|------|-------------------------|----------------|
| Name: | | Address: | |
| Business Name: | | | |
| Phone: | Fax: | Name of Contact Person: | Contact Phone: |
| If Applicant is not the Owner, state the Applicant's relationship to the Owner (<i>i.e. purchaser, land contract vendee, owner's designated agent, etc.</i>): | | | |
| E-mail Address: | | | |

Property Owner

| | | | |
|-----------------|------|-------------------------|----------------|
| Name: | | Address: | |
| Phone: | Fax: | Name of Contact Person: | Contact Phone: |
| E-mail Address: | | | |

Engineer

| | | | |
|-----------------|------|-------------------------|----------------|
| Name: | | Address: | |
| Phone: | Fax: | Name of Contact Person: | Contact Phone: |
| License Number: | | | |
| E-mail Address: | | | |

Contractor

| | | | |
|-----------------|------|-------------------------|----------------|
| Name: | | Address: | |
| Phone: | Fax: | Name of Contact Person: | Contact Phone: |
| E-mail Address: | | | |

Permission

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|--|------------------------------|-----------------------------|
| If Applicant is not the Property Owner, does the Applicant have the Property Owner's permission? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Property Information

| | | |
|--|--|-----------------------------------|
| Address: | | Zoning District: |
| Legal Description(s) <i>(attach pages as necessary)</i> : | | |
| Property / Parcel I.D. Number(s): <i>(found on tax bill)</i> | Property / Parcel I.D. Number(s): | Property / Parcel I.D. Number(s): |
| 52-08- - - | 52-08- - - | 52-08- - - |
| Total Site Acreage: | Description of all existing and proposed uses of property <i>(attach pages as necessary)</i> : | |
| Property Dimensions: | | |
| Proposed Grading Change <i>(attach pages as necessary)</i> : | | |

Project Information

| | |
|---|---|
| Estimated Time for Completion <i>(days)</i> : | Estimated Excavation/Cut <i>(Cu Yd)</i> : |
| Estimated Embankment/Fill <i>(Cu Yd)</i> : | |

Planned days and hours of operation

| |
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Estimated blasting days, times and frequency

| |
|--|
| |
|--|

Applicant:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____

Date: _____

Applicant's Name (print): _____

Property Owner:

I certify that the information I have provided is true to the best of my knowledge.

Signature of Owner: _____

Date: _____

Owner's Name (print): _____

OFFICIAL USE ONLY

Official Receiving Application *(please print)*: _____

Date: _____

Application: Approved Not Approved

Reason: Incomplete Application Other

Date: _____

Fee(s) Paid: Yes No

If Yes, Amount Paid: _____

Signature of Zoning Administrator: _____

Date: _____