

**BOROUGH OF CHESTER**

**APPLICATION FOR SOIL EROSION, SEDIMENT CONTROL  
AND FLOOD PREVENTION PLAN APPROVAL.**

**The attached Soil Erosion, Sediment Control and Flood Prevention Plan and supporting materials are submitted to the Borough of Chester for approval pursuant to the Soil Erosion, Sediment control and Flood Prevention Ordinance of the Borough of Chester.**

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Name and Address of present owner (if other than as listed above):**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Interest of the Applicant:**  
☐ Owner  
☐ Other (please specify): \_\_\_\_\_

**Location of the Project:**  
Street Number and Name: \_\_\_\_\_  
Block: \_\_\_\_\_ Lot: \_\_\_\_\_

**Name and Address of Person(s) preparing the plan:**  
Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone \_\_\_\_\_

**Proposed Use of the Site:**  
\_\_\_\_\_

**Are there any related applications currently pending, or to be filed, for land use development approval on this site, in connection with this application?**  
☐ No ☐ Yes (please specify): \_\_\_\_\_  
\_\_\_\_\_

- ☐ **Site Plan (total acres: \_\_\_\_\_)**
- ☐ **Preliminary Subdivision Plat (total proposed lots: \_\_\_\_\_)**
- ☐ **Final Subdivision Plat, pursuant to Land Use Ordinance and with applications to the Zoning Board of Adjustment for:**
  - ☐ Zoning Variance
  - ☐ Special Exception
  - ☐ Planned Unit Development

**SOIL EROSION. SEDIMENT CONTROL AND FLOOD  
PREVENTION**

**8. Concurrent with this application, a Land Disturbance Permit is hereby requested in accordance with the Revised General Ordinances of the Borough of Chester, Chapter 197 Section 5. Said Land Disturbance Permit application and plan shall be reviewed by:**

☐ Planning Board                      ☐ Borough Engineer

**9. Is a Soil Moving Permit requested concurrent with the above application?**

☐ No    ☐ Yes

**If Yes,**

**a) Specify the type of soil material and quantity to be moved:**

**b) Specify location to which soil will be relocated:**

**c) Specify haul route(s):**

**d) Specify dates on which the work will commence and be completed:**

Start: \_\_\_\_\_ End: \_\_\_\_\_

**e) Supply the name, address and phone number of the person(s) having direct charge of supervision of the soil movement work:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**f) This Soil Moving Application is for a**

- ☐ Minor Soil Moving Permit
- ☐ Major Soil Moving Permit (include map, cross sections and landscaping plan as per 197-20 of The Revised General Ordinances of the Borough of Chester).

***I hereby certify the above information is correct and true, and that the plan the supporting documentation and all materials submitted comply with the Standards for Soil Erosion and Sediment Control in New Jersey, and the Soil Erosion, Sediment Control and Flood Prevention Ordinance of the Borough of Chester, Chapter 197 of the Revised General Ordinances of the Borough of Chester, including all revisions as may be adopted from time to time.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date