

TOWNSHIP OF ROARING BROOK
430 Blue Shutters Road, Roaring Brook Twp., PA 18444
Phone: (570) 842-6080 Fax: (570) 842-7680

DRAINAGE PERMIT APPLICATION

NOTICE: Any permit issued pursuant to the approval of this application may be revoked if the issuance of the permit was based upon any incomplete or inaccurate information, or it violates any Township of Roaring Brook Ordinance, Pennsylvania Statute, United State Law, or Court Precedent.

I. APPLICANT INFORMATION

_____ Owner _____ Agent _____ Other
Name: _____ Phone: _____
Address: _____ State: _____ Zip Code: _____

II. PROPERTY INFORMATION

Name: _____ Phone: _____
Address: _____ State: _____ Zip Code: _____

III. GENERAL INFORMATION

Location of Property: _____
Describe Property: _____

Property Presently Zoned: _____
Details of Proposed Grading: _____

Estimated Number of Acres Involved: _____
Height of Proposed Retaining Wall: _____
Estimated Number of Cubin Yards to be Moved: _____
Estimated Cost: _____
Work to Begin: _____ Work to be Completed: _____
Plans/Approvals Submitted with this Application: _____

The applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief.
The applicant agrees to comply with the provisions of the Township of Roaring Brook's Ordinances, Codes, and Regulations, and all other applicable laws and regulations of Lackawanna County, Commonwealth of Pennsylvania, and the United states, whether or not specified in this application.

THE APPLICANT AGGRES THAT IF A PERMIT IS ISSUED, THE PERMIT MAY BE REVOKED BY ADMINISTRATIVE ACTION OF THE TOWNSHIP OF ROARING BROOK IF THE COMPLIANCE WITH THE FORGOING PARAGRAPHS IS NOT ABSOLUTE.

Applicant Signature: _____ Date: _____

Fee paid _____ Check _____ Cash _____ Date _____
Additional review fee _____ Check _____ Cash _____ Date _____