



927 Freeport Road Creighton, PA 15030
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Grading Permit Application

This Shall be filled out in full and approved before any Grading permit can be issued or project can be started

Date: _____

Job Address: _____

Job description: _____

Contact Person: _____ Cell No: _____

Owners Name: _____

Owners Address: _____

Phone No: _____ Office / Cell No: _____ Ext: _____

Contractures Name: _____

Contractures Address: _____

Office Phone No: _____ Ex: _____ Cell No: _____

Location of Fill/ Cut: _____

“Front, Rear, Left side, Right side, of property”

Height of Fill/Cut that is planning to be disturb: _____

Amount of yardage that is planning to be Moved: _____ in Cubic yards

(A copy of your survey and Three sets of Stamped Engineered drawings shall be turned in with this Application.)

Failure to do this, permit will be denied.

(Below this line Office Use Only)

Parcel No: _____

Zoning District: _____

Permit No: _____

Fee: \$ _____

Date Approved: _____

Date Expired: _____

Township Engineer: _____ (Signature)

Zoning Officer Approval: _____ (Signature)