



# Borough of Mars

598 Spring Ave.  
Ph: (724) 625-1858  
Fax: (724) 625-4065

## Grading / Excavation Permit Application

### APPLICANT

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PROPERTY OWNER

Owners Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### PROPERTY

Property Location: \_\_\_\_\_  
 Lot Size: \_\_\_\_\_ Zoning District: \_\_\_\_\_ Parcel ID: \_\_\_\_\_  
 Estimated Cubic Yards to be Removed: \_\_\_\_\_

Details of Proposed Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Items to be Submitted with Application:

1. Detailed Plan of Work to be Performed
2. Soil and Erosion Control Plans
3. DEP Permits (if applicable or required)
4. Any supporting information requested by Borough

**I hereby certify that the above is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

APPROVED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_ ZONING OFFICIAL PERMIT COST \$ \_\_\_\_\_

**MAKE ALL CHECKS PAYABLE TO THE BOROUGH OF MARS**

**MAIL TO PO BOX 395, MARS, PA 16046-0395**