

CHECK LIST FOR DETERMINATION OF COMPLETENESS
FOR REVIEW OF SOIL MOVING PERMIT APPLICATION

Applicant Name & Address ROCK RIDGE CONSTRUCTION MANAGEMENT, LLC
64 NORTH SUMMIT STREET, SUITE 200, TENAFLY, NEW JERSEY 07670

Owner, if not applicant 8 STONE TOWER DRIVE ALPINE, LLC P.O. BOX 751, ALPINE, NEW JERSEY 07620

Site Address 8 STONE TOWER DRIVE P.O. BOX 751 Block 21 Lot 12

Date of Initial Submission _____ Date of Resubmission _____

One copy will be submitted to the Borough Engineer and two copies will be filed in the Construction Office.

	Yes	No
Have 2 copies of the application been submitted?	<u>X</u>	_____
Have 2 copies of the plans been submitted?	<u>X</u>	_____
Have 2 copies of the X-sections & calculations been submitted?	<u>X</u>	_____
Have 2 copies of the soil certification or tests been submitted?	<u>X</u>	_____
Have 2 copies of the truck routes been submitted?	<u>X</u>	_____
Have 2 copies of the truck & equipment to be used been submitted?	<u>X</u>	_____
Does the title Block on each sheet identify address and block and lot?	<u>X</u>	_____
Is Topo Map signed and sealed by a surveyor and by an engineer?	<u>X</u>	_____
Has review fee been submitted? (See attached schedule.)	<u>X</u>	_____
Has performance bond been submitted? (To be determined by Borough Engineer.)	<u>X</u>	_____
Is the following information shown on the plans? {Per Ord. 185-3(2)}		
Topographic Map:	<u>X</u>	_____
Building floor elevation	<u>X</u>	_____
Existing and proposed contours @ 2 ft. intervals	<u>X</u>	_____
Spot elevation at building corners.	<u>X</u>	_____
Top and bottom of wall elevations.	<u>X</u>	_____
Topography within 25 ft. of lot lines.	<u>X</u>	_____
Topography for full width of abutting streets	<u>X</u>	_____
Soil moving quantities.	<u>X</u>	_____
Storm water management improvements.	<u>X</u>	_____
Soil Erosion and sediment control provisions.	<u>X</u>	_____
Location, size and species of trees over 9 inches in diameter	<u>X</u>	_____
Elevations referenced to USGS datum	<u>X</u>	_____
Boundary of subject property.	<u>X</u>	_____
Flood Plains and/or freshwater wetlands.	N/A	_____
Zoning schedule.	<u>X</u>	_____
Listing of variances and/or waivers requested	<u>X</u>	_____

BOROUGH OF ALPINE, 100 CHURCH STREET, ALPINE, NJ 07621
 ORDINANCE #541

APPLICATION FOR SOIL MOVING PERMIT

DATE: _____	Exempt Applic.	_____	Yes/No
	Applic. Fee	_____	Yes/No
	Escrow Fee	_____	Yes/No
	Eng'g Escrow Fee	_____	Yes/No

I. Pre-Approval Data Requirements

1. Property Description

Block 21 Lot 12
 Street 8 STONE TOWER DRIVE

2. Permittee (Property Owner or Contract Purchaser)

Name 8 STONE TOWER DRIVE ALPINE, LLC
 Address P.O. BOX 751, ALPINE, NEW JERSEY 07020
 Telephone No. 646-372-6642

3. Purpose of Soil Moving

CONSTRUCT SINGLE FAMILY DWELLING, POOL, DRIVEWAY, AND DRAINAGE

4. Description of Soil to be Moved:

a. Cut	<u>4,042</u>	c.y.	<u>BEDROCK AND LOAM</u>	(type)
b. Fill	<u>2,260</u>	c.y.	<u>LOAM</u>	(type)
c. Import	<u>0</u>	c.y.		(type)
d. Export	<u>1,782</u>	c.y.	<u>BEDROCK</u>	(type)
e. Max. Height of temporary Stockpile			<u>8 FT.</u>	(type)
f. Total Volume of Soil to be Moved			<u>4,042</u>	c.y.

(cut plus import must equal fill plus export)

5. Wetlands and/or wetland buffer:

- present on the site. NO Yes/No
 - proposed to be disturbed. N/A Yes/No/N.A.

6. Bergen County Soil Conservation District approval required. YES Yes/No

7. Map(s) submitted in full compliance with Borough Ordinance? YES Yes/No

- a. Are slopes steeper than (1) vertical to (4) horizontal? NO Yes/No
- b. Are retaining walls higher than (6) feet ? NO Yes/No
- c. Are retaining walls less than (6) feet from lot lines? NO Yes/No
- d. Are cross sections and end area calculations submitted? YES Yes/No
- e. List of all requested waivers from topographic map map requirements.

MOVE MORE THAN 1,000 C.Y. OF SOIL

II. Post Approval Data Requirements

1. Proposed Commencement Date _____ (Month/Day/Year)

2. Proposed Completion Date (Maximum one (1) year permit) _____ (Month/Day/Year)

3. Location to which Excess Soil will be Exported (Street) _____ TO BE DETERMINED (Mun./State) _____

4. Location from which Soil will be Imported (Street) _____ N/A (Mun./State) _____

5. Person in charge of Soil Movement Operations Name _____ CHRIS LOMBARDO, ROCK RIDGE CONSTRUCTION MANAGEMENT, LLC Address _____ 64 NORTH SUMMIT STREET, SUITE 200, TENAFLY, NJ 07670 Telephone No. _____ 917-287-5709

6. Route of Travel (within the Borough) _____ STONE TOWER DRIVE TO THE ESPLANADE TO ROUTE 9W

7. Description of Soil Erosion and Control: _____ SEDIMENT FILTER FENCE, STABILIZED CONSTRUCTION PAD, INLET PROTECTION

8. Liability Insurace Submitted in full compliance with Borough Ordinance Yes/No

9. Performance Guaranty posted \$ _____ Yes/No

10. Revegetation Guaranty posted \$ _____ Yes/No

11. Signature and Notarization

Signature of Owner _____

Signature of Owner _____

Notary _____
Notary
APRIL E. KIERNAN

NOTARY PUBLIC OF NEW JERSEY
Commission No. 2370049
My Commission Expires March 12, 2023