



Butte-Silver Bow Public Works Department

FORM #3—EXCAVATION AND DIRT MOVING PERMIT APPLICATION (PRE-CONSTRUCTION STAGE)

BSB Permit No. 2020-1 Date Submitted: _____ Finalized: _____

NOTE: Prior to submitting this "Excavation and Dirt Moving Permit Application," a Storm Water Management Permit must be approved, if applicable.

PROPERTY OWNER CONTACT INFORMATION

Contractor or Owner: _____ Mailing Address: _____
 Phone: _____ City: _____
 Mobile Phone: _____ State: _____
 Email: _____ Zip: _____
 Physical Address of the Property: _____

CONTRACTOR/DEVELOPER/PERSON DOING THE WORK/CONTACT INFORMATION

Contractor or Owner: _____ Mailing Address: _____
 Phone: _____ City: _____
 Mobile Phone: _____ State: _____
 Email: _____ Zip: _____
 Physical Address of the Property: _____

PROJECT INFORMATION

Project Location and Volume of Excavation:

- | | |
|--|---|
| <input type="checkbox"/> Excavation Control District | <input type="checkbox"/> Butte Priority Soils Operable Unit |
| <input type="checkbox"/> Less Than 3 Cubic Yards | <input type="checkbox"/> Less Than 1 Cubic Yard |
| <input type="checkbox"/> Greater Than 3 Cubic Yards | <input type="checkbox"/> Greater Than 1 Cubic Yard |

Property Type: Residential Commercial/Industrial Recreation/Open Space

Type of Excavation:

- Footing Foundation Posts/Poles Landscaping Sidewalk Driveway
 Fencing Utility Repairs/Maintenance

PROJECT SCHEDULE (ESTIMATED)

Start Date: _____ Duration Soil Will Be Exposed: _____ Completion Date: _____

SITE PLAN AND PROJECT DETAILS

Dimensions of Surface Area to be Distributed: _____
 Depth of Excavation: _____
 Estimated Volume of Soil Needed for Backfill: _____
 Source of Backfill: _____ Source of Backfill: _____
 Volume of Soil to be Disposed of at the Mine Waste Repository: _____



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CHECKLIST:

- 1. Copy of Storm Water Permit, If Applicable.
- 2. \$10 Processing Fee (No Application is Considered Without Payment).
- 3. Detailed Site Plan and Project Details.
- 4. Read and Understand Excavation and Dirt Moving Protocols

ACKNOWLEDGMENT CERTIFICATE

I certify I am the Owner or Owner's authorized agent. If acting as an authorized agent, I further certify I am authorized to act as the Owner's agent regarding the property at the above-referenced address for the purpose of filing applications for decisions, permits, or review under the Butte-Silver Bow Excavation and Dirt Moving Ordinance and have full power and authority to perform on behalf of the Owners all acts required to enable the City to process and review such applications.

I certify the information on this application is true and correct and understand that I shall not start this project until this application is approved. I shall comply with the laws of the State of Montana and the ordinances of Butte-Silver Bow and that any excavation will be in full compliance with any and all protocols associated with this permit, including granting the city-county to enter the property to inspect the site, take samples of excavated materials and monitor excavation and back-filling activities.

Owner or Authorized Agent

Date

FOR OFFICE USE ONLY

The remainder of this application is for office use only.

APPLICATION REVIEW

Application Received By: _____ Date: _____

Fee Paid: _____ Check No.: _____ Receipt No.: _____

Approved By: _____ Date: _____

SOIL SAMPLING RESULTS

Soil Inspection Completed By: _____

Sample System: XRF Analysis Lab Sample Internal Data

Results:

Above Action Levels Below Action Levels

Lead:	<input type="checkbox"/>	<input type="checkbox"/>
Arsenic:	<input type="checkbox"/>	<input type="checkbox"/>
Mercury:	<input type="checkbox"/>	<input type="checkbox"/>

COST SHARE REQUEST

Cost Share Requested

_____ Cubic Yards Moved

_____ Cubic Yards Backfill Requested



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SITE PLAN

