



GRADING PERMIT APPLICATION

Town of Seven Devils
157 Seven Devils Road
Seven Devils, NC 28604
(828) 963-5342/ (828) 963-7418 (f)

Application Date: _____ Expected Start Date: _____

Property Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Project Location: _____

Intersecting Streets: _____

Special Features: _____
(Rock Outcropping, Streams, Forests, etc.)

Grading Contractor: _____

Contractor Information: _____
(name, phone, etc.)

Purpose of Grading: _____

Area to be Graded: _____

Planned Completion Date: _____

Applicant Signature: _____ Date: _____

Grading Permit (Department Notes Only)

Permit Fees: \$ _____ Paid?: _____ Date Paid: _____

Permit data reviewed by: _____ Date: _____

Erosion Plan required: _____ If no, why not:

If yes, see checklist for data required before permit is issued.
Exceptions / Conditions:

Plan review by: _____ Approved By: _____

Permit issued by: _____ Date issued: _____