

Town of Seven Devils
Department of Planning & Inspections
1356 Seven Devils Road
Seven Devils, NC 28604
(828) 963-5342

Grading Permit Application

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: _____

(Address, 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: _____

(yes/no)

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: _____