

**GILPIN TOWNSHIP EXTRACTION OF NATURAL RESOURCES CONDITIONAL USE
PERMIT APPLICATION**

Applicant Name _____

Applicant Address _____

Applicant Phone Number (____) ____ - _____

Contractor Name _____

Contractor Address _____

Contractor Phone Number (____) ____ - _____

Please include the following:

1. Application in form that it will be submitted to PA DEP and/or the following documentation;
2. Map of the proposed site indicating, among other items, access roads into the site, proposed grading, sedimentation, and erosion control measures, means of disposal of waste liquids, location of existing roads, structures, streams, and wooded areas; location of area to be mined, or oil or gas well, or area to be forested;
3. An Erosion and sedimentation control plan;
4. Provisions to guarantee that ground well water loss or diminished by extraction activities will be replaced when such water source as been in use prior to the start of the mining operation;
5. Statement of the sequence and timing of a proposed mining activity over a period of years by specific areas, to be worked;
6. Statement of proposed activities to return the site, after completion of work in specific areas, to its original or near original condition, including means of grading, revegetation, drainage, removal of access roads and other facilities used to conduct the work, repair of damages to roads or utilities and proposed permanent use of the site;
7. The map and any proposed amendments to the information required above shall be submitted annually to the Township for review. The map shall indicate the current status of the operation and work scheduled for the next year
8. The developer shall submit a bond or establish an escrow account in favor of the Township to cover the repair of Township roads that provide access to the project site.

Please complete this application and any required attachments and return to the Gilpin Township Zoning Officer with payment.

I hereby certify that the information provided is true and correct to the best of my knowledge, information, and belief.

Applicant Signature _____ Date _____

Office Use Only:

Permit Fee Amount \$ _____ Cash Check Check Number: _____

Planning Commission:

Recommendations: _____

Chairperson Signature _____ Date _____

Board of Supervisors: Approved Declined

Conditions: _____

Chairperson Signature _____ Date _____