Butte Silver Bow
Excavation & Dirt Moving
Permit Application

Permit No: _____
Date Submitted: _____
Finalized: _____

Butte Silver Bow Planning Department
155 W. Granite Street Butte, MT 59701
(406) 497 – 6250

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

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

Contractor/Developer/Person doing the work/Contact Information

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

Project Information

Project Location & Volume of Excavation:

☐ Excavation Control District
- ☐ Less than 3 cubic yards
- ☐ Greater than 3 cubic yards

☐ Butte Priority Soils Operable Unit
- ☐ Less than 1 cubic yard
- ☐ 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& Project Details:

Dimensions of Surface Area to be disturbed: _____
Depth of Excavation: _____
Estimated volume of soil needed for backfill: _____
Source of Backfill: _____ Soil Disposal Site: _____
Volume of soil to be disposed of at the Mine Waste Repository: _____

Checklist:

☐ 1. Copy of Storm Water Permit, if applicable.

☐ 2. $10 processing fee. Due upon approval of excavation permit application.
☐ 3. Detailed site plan and project details.
☐ 4. Read and understand Excavation and Dirt Moving Protocols

Acknowledgement 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

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:

Lead: ☐ Above Action Levels ☐ Below Action Levels

Arsenic: ☐ Above Action Levels ☐ Below Action Levels

Mercury: ☐ Above Action Levels ☐ Below Action Levels

Cost Share Request:

☐ Cost Share Requested

_____ Cubic Yards Moved _____Cubic Yards Backfill Requested

Site Plan