

**TOWN OF HOPKINTON
OFFICE OF THE TOWN CLERK
1 TOWN HOUSE ROAD
HOPKINTON, RI 02833**

EARTH REMOVAL REGISTRATION APPLICATION

THIS APPLICATION, IF APPROVED, IS APPLICABLE ONLY TO THE EARTH REMOVAL OPERATION LISTED ON THIS APPLICATION AND MUST BE SUBMITTED WITHIN NINETY (90) DAYS AFTER THE ADOPTION OF THIS ORDINANCE AND RENEWED ANNUALLY THEREAFTER (ORDINANCE ADOPTED ON FEBRUARY 21st, 2012)

Date: _____

**1. NAME/ADDRESS/TELEPHONE NUMBER
OF OWNER/APPLICANT**

(If corporation/partnership, also provide the name and title of individual filing application, who shall be the contact person for issues related to this application)

2. PROPERTY UNDER LEASE:

(If property is under lease, provide the name and address of lessee and term of the lease)

**3. IS THIS IS A NEW OPERATION, AN EXISTING
OPERATION, OR AN EXPANSION OR
MODIFICATION?:**

4. LOCATION OF PROPERTY:

(Address and Plat/Lot. If more than one, list all)

5. PRESENT ZONING/LEGAL USE STATUS:

(Permitted use, legal non-conforming use, illegal use, etc.)

I hereby certify under the penalty of perjury that the information provided in this application is true. I understand that any false and/or misleading information in this application shall be grounds for denial of this application and/or for revocation of any approval granted by the Hopkinton Town Council.

Signature and Title of Applicant

Date: _____

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public
Commission Expires on: _____

A. RECEIVED BY THE TOWN CLERK:

SIGNATURE: _____

DATE: _____

B. REFERRED TO PUBLIC WORKS DIRECTOR:

DATE: _____

REVIEWED BY PUBLIC WORKS WITH THE
FOLLOWING RECOMMENDATION(S): _____

SIGNATURE: _____

DATE: _____

C. REFERRED TO CHIEF OF POLICE:

DATE: _____

REVIEWED BY CHIEF OF POLICE WITH THE
FOLLOWING RECOMMENDATION(S): _____

SIGNATURE: _____

DATE: _____

D. REFERRED TO BUILDING/ZONING OFFICIAL:

DATE: _____

PLANS AS REVIEWED MEET ALL CURRENT TOWN
CODES, ORDINANCES AND REGULATIONS:
DO ANY VIOLATIONS EXIST ON THIS PROPERTY:

YES _____ NO _____
YES _____ NO _____

IF ANY VIOLATIONS EXIST, LIST HERE: _____

HAVE ARRANGEMENTS BEEN MADE TO
CORRECT ANY VIOLATIONS?:

YES _____ NO _____

IF SO, STATE ARRANGEMENTS:

STATEMENT OF BUILDING/ZONING OFFICIAL:

I performed an inspection of this site on _____, 20__ and confirm the current
condition of this property is accurately represented in this application.

SIGNATURE _____

DATE: _____

E. REFERRED TO THE ZONING BOARD:

DATE: _____

REVIEWED BY THE ZONING BOARD WITH
THE FOLLOWING RECOMMENDATION(S):

SIGNATURE: _____

DATE: _____

F. REFERRED TO THE TOWN PLANNER:

DATE: _____

REVIEWED BY THE TOWN PLANNER WITH
THE FOLLOWING RECOMMENDATION(S):

SIGNATURE: _____

DATE: _____

G. REFERRED TO THE PLANNING BOARD:

DATE: _____

REVIEWED BY THE PLANNING BOARD WITH
THE FOLLOWING RECOMMENDATION(S):

SIGNATURE: _____

DATE: _____

H. TOWN COUNCIL ACTION:

DATE: _____

APPROVED _____

PENDING _____

DENIED _____