

CITY OF VINELAND

640 EAST WOOD ST VINELAND, NJ 08360 HEALTHDEPARTMENT@VINELANDCITY.ORG

Soil Profile Scheduling Request Form

(Requests' to witness must be made a minimum of 48 hrs in advance)

Engineering Co.	Phone
Address	Email
NJ Licensed Engineer Signature	License No.
Soil Evaluator	Phone
Property Location	Block Lot
Property Owner	Phone
Owners Address	
Date to be Performed	Тіше аш/рш
Profile Pits to be Performed for: Individual	Lot Prelim. Subdivision Work
NJ One Call Confirmation No. (1-800-272-1000)
The state of the s	City of Vineland Tax Map page for the property in question; 2-21 (Fee is Non-Refundable and Must be Provided w/ Request):
\$500 -Repair / Alteration of an EAlteration - No ExpansionAlteration - Expansion ofAlteration - Malfunction	n or Change in Use Change in Use (describe below):
\$100 ~ Preliminary Major Sub~Div	sion
changes to the date or time profile pits are to be witnessed, wil the requested time, for a representative from the VHD. Soil Ev beyond the expiration date of the NJ One Call confirmation n	eduled profile pits without notification. Failure to notify this department of any I render any work performed invalid. Soil Evaluator is not required to wait beyond aluator cannot start before the requested time. If the profile pits are rescheduled umber, a new confirmation number should be obtained before any work is performed. ust accompany request. Please make checks payable to the City of Vineland.
	DFFICE USE ONLY
Permit No.	Entered By:
CCSS Symbol(s): SHWT	Symbol SHWT
NJDEP Approval Required: Yes/No	Type: GP-25 (repair only) LOI