



**Town of Gates**  
1605 Buffalo Road  
Rochester, New York 14624  
Ph: (585) 247-6100 Fax: (585) 426-8581

Date Received: \_\_\_\_\_

**APPLICATION FOR FILL PERMIT**

**Applicant Information:**

- 1. Applicant Name: \_\_\_\_\_
- 2. Address: \_\_\_\_\_
- 3. City/State/Zip: \_\_\_\_\_
- 4. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
- 5. Property Location: \_\_\_\_\_

**Describe the purpose or reason for filling (include approximate volume in cubic yards):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of fill: \_\_\_\_\_

Where is the fill coming from? (If fill material is in the Towns of Gates)  
\_\_\_\_\_

Estimated time to complete fill including anticipated start and completion dates:  
\_\_\_\_\_  
\_\_\_\_\_

The applicant is required to submit a Site Plan with this application. The Site Plan should include the following information:

- 1. Property boundaries and limits of fill
- 2. Existing and proposed contours in 1' intervals
- 3. Existing and proposed drainage patterns
- 4. Erosion control measures and method of stabilizing the area disturbed
- 5. The alterations made to the site after the fill is complete

Fee: \$50.00 (min.) per acre: \_\_\_\_\_ x \$50.00 (min) per acre: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date: \_\_\_\_\_  
Director of Public Works