

# Dirt Hauling Permit



## City of Carter Lake

950 Locust Street  
Carter Lake, IA 51510

Office (712) 847-0535 Fax (712) 347-5454

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**Address / Destination of Haul:**

Owner of Property: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_  
(City, State, Zip)

General Contractor: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_  
(City, State, Zip)

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**Description of Work / Nature of Construction**

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**Point of Origin:**

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**Route of Haul:**

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**Quantity or Cubic Yards to be Hauled:**

I hereby state that the information submitted on this application is accurate and correct. I recognize that the issuance of this permit shall not grant approval to violate any of the provisions of the building codes or zoning ordinances enforced by this jurisdiction, state or federal law; and that this permit shall not prevent the building official from requiring changes that may occur during transportation or discharging of haul loads. This permit is issued for the express purpose of work stated on this application, any changes to the plans that effect area or scope of work shall be approved by the building official prior to proceeding with further hauling.

I hereby acknowledge receipt of the City of Carter Lake Ordinance, Chapter 133 and fully understand my responsibility to fully abide by Chapter 133 requirements. A Copy of SWPPP (Storm Water Pollution Prevention Plan) is attached.

Applicant Name: \_\_\_\_\_ | \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Clearly) (Signature)

Permit is Valid for Hauling on Days: **M T W T F S S** *circle applicable days*

Hauling is allowed between the Hours \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

Hauling Fee: \$ \_\_\_\_\_ Deposit Fee \$ \_\_\_\_\_

Permit # \_\_\_\_\_ Expires: \_\_\_\_\_

Issued by \_\_\_\_\_  
Building Inspector