

OFF-SITE ACTIVITY SUBMITTAL



- **This form is to be completed in its entirety by the Contractor/District Tech** when proposing any waste, borrow, or staging area or any work outside the defined Contract construction limits; unless an Exemption Record Form has been completed and filed.
- **Any questions involving the Off Site Activity paperwork can be directed to Glenn Gingras:** glenn.gingras@vermont.gov , Phone: (802) 279-0583, VTrans Highway Division, Project Delivery Bureau, Environmental Section
- **Contractor Submittals shall be made through DocExpress and District Submittals shall be made through the GIS OSA App.**
- **Allow 21 calendar days (see Section 105.25 (c) of the VTrans Standard Specifications For Construction) for review once the application is administratively complete.**

▪ **SUBMITTAL INFORMATION**

Project Name& Number/District: _____	Contractor/District Tech: _____
Contact: _____	Phone: _____ E-mail: _____
Resident Engineer: _____	Phone: _____ E-mail: _____

▪ **PROPOSAL INFORMATION** (Select one type of area being proposed for use per submittal and describe associated characteristics)

<input type="checkbox"/> Waste	<input type="checkbox"/> Borrow	<input type="checkbox"/> Staging	<input type="checkbox"/> Other (ex. dewatering location): _____
Material: Type (asphalt, concrete, earthen, etc.) _____		Quantity (yds ³) _____	
Total Area of Land Disturbance (sq ft) _____			
Will there be any tree cutting? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the waste from an area defined in the Contract Plans as Urban Soils?* <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Info: _____			
* Soils removed from an Urban Soils designated area must be wasted in another Urban Soils Designated Areas as defined on the ANR Atlas.			

▪ **LANDOWNER/PROPERTY INFO** (Fill all applicable boxes; **attach a Location Map and Sketch of Area**)

Name: _____	Address: _____	Phone: _____
Print Name	Full Address	
Town Site is located in: _____		
<input type="checkbox"/> Private Residential/Commercial	<input type="checkbox"/> Town/State Owned Facility	<input type="checkbox"/> Other
Additional Info: _____		
Are there other users of this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Known past uses: _____		
<input type="checkbox"/> Location Map (Google or other map that shows the site location)		
<input type="checkbox"/> Sketch of Area: <input type="checkbox"/> North arrow	<input type="checkbox"/> Approx scale	<input type="checkbox"/> Recognizable features
Permit Info:		
Act 250 Permit Exists? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, # _____ Copy Enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List of Other Existing Permits: _____		

Landowner Agreement (Signature is required for all private, town, and state owned properties)

I warrant that the information in the above permit application is accurate and agree to the specifications set forth in Section 105.25-105.28 of the latest VT AOT Standard Specifications for Construction provided by the Contractor. In addition I agree to the use of the proposed area by _____ as shown on the attached sketch. If acting as the agent of the Landowner, I warrant (1) that the Landowner has the full right, power, and authority to authorize the proposed use, (2) that I am authorized to act as the Landowner's agent, and (3) that my authority to act as the Landowner's agent has not been revoked.

Landowner/Facility Manager Signature: _____ Date: _____

This clearance is for the Natural and Cultural Resources Only.