

Construction Haul Route Submittal

Project Information				
Site Plan/Subdivision/ Unpaved Road/Right-of-Way No.	Project Name			
	Tax Account Number			
Applicant Information, if other tha	n Owner:	Contractor	Engineer _	
Owner or Company Name		Contact Name		
Street Address			Apartment/Suite No.	
City			 State	Zip Code
Phone Number	 Ema	il Address		

Enter the Estimated Amounts in Truckloads in the Boxes Below

Туре	Number of Cubic Yards
Import of fill	
Export of fill	
Export of land clearing	
Import of materials	
Total number of truckloads*	
Total number of cubic yards	

^{*} Based on an 18 cubic yard truck

Enter the Number of Acres for the Project _____

*Haul Bonds required for sites with 300 or more truckloads. Mi acre whichever is greater.	nimum bond amount is \$10,000 or \$1,000 per
* Local roads and roads resurfaced in the last 5 years may have with Brevard County Public Works for required bonding amoun costs for roads.	
*If the haul bond route or construction entrance changes for ar be reassessed prior to any hauling activities.	ny reason, haul bonding amounts will need to
Proposed Haul Route Description (list roads impact	red)
*Please attach a map of proposed route.	_
Statement of Accuracy	
I hereby confirm that the above information is true and correct and validity of this submittal.	and I assume all responsibility for the truth
The property owner shall be responsible for repair costs associated with this project.	ated with damage to Brevard County right(s)-of-
Property Owner/Applicant's Signature	Date

Print/Type Property Owner or Applicant Name