# TOWNSHIP OF GALLOWAY

## PLANNING / ZONING BOARD

## SOIL BORING TEST FORM

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**This portion to be filled out by the Applicant**

DATE _____

APPLICANT _____

BLOCK _____ LOT _____

SITE ADDRESS _____

_____

TELEPHONE NUMBER _____

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**($200.00 FOR FIRST BORING PLUS $100.00 PER ADDITIONAL –
+ $50 APPLICATION FEE)**

NUMBER OF BORINGS _____

**This portion to be filled out by Township Personnel ONLY!**

AMOUNT ENCLOSED _____

CHECK NUMBER _____

ESCROW NUMBER _____

Once your form and check are submitted to Galloway Township, you may call Polistina & Associates' office to schedule the appointment. (609) 646-2950