

# CITY OF WINCHESTER

EXCAVATION PERMIT

APPLICATION

PERMIT FEE \$50

109 LINDY BLVD. WINCHESTER, MO 63021-5299

VOICE: 636-391-0600 FAX: 636-391-6365

ALL INFORMATION PERTAINING TO THE WORK INVOLVED SHOULD BE INCLUDED ON THIS APPLICATION

Application date:

Job address:

Homeowner/Business Name:

Address:

E-Mail:  Phone:

Contractor Name:

Address:

E-Mail:  Phone:

## SCOPE OF WORK

THIS PERMIT IS TO COVER THE FOLLOWING WORK:

- Irrigation system install/repair
- Utility repair or new installation
- Other:

THE WORK WILL BE WITHIN:

- Sidewalk
- Sod
- Other:

Description and dimensions of work (attach drawings as required):

**All work is to be performed in accordance with Winchester ordinances.**

Will street be closed at any time? Yes  No   
Number of Days to complete work:

I hereby certify that the above information is correct:

Signature of Authorized Agent

## For Official City Use Only

Permit # \_\_\_\_\_ Escrow: \$ \_\_\_\_\_ Yes  No   
Owner Approval: \_\_\_\_\_ Cert. of Insurance Yes  No   
Building Commissioner (sign & date) \_\_\_\_\_  
Resubmit \_\_\_\_\_  
Approved  Disapproved  as noted on drawings: \_\_\_\_\_

Date Received: \_\_\_\_\_  
Deposit Paid Yes  No   
Deposit Amount: \$ \_\_\_\_\_  
Copy Fee (.10 ea): \$ \_\_\_\_\_  
Permit Fee Balance: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_