

CITY OF BALLWIN

14811 Manchester Road, Ballwin, MO 63011

Phone: (636) 227-2129

Fax: (636) 207-2360

SITE & LAND DISTURBANCE APPLICATION / PERMIT

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

APPLICATION DATE _____ JOB ADDRESS _____

Homeowner/Business Name	Phone:
Address	Email:
City / State / Zip	Contact:

Contractor Name	Phone:
Address	Email:
City / State / Zip	Contact:

Engineer of Record:	Phone:
Address	Email:
City / State / Zip	Contact:

SCOPE OF WORK

REASON FOR WORK: _____

THIS PERMIT IS TO COVER THE FOLLOWING WORK:

NUMBER

FEE

PERMIT FEE: \$100.00

ANNUAL LAND DISTURBANCE INSPECTION FEE: Number of acres..... x \$150 + \$1200

ANNUAL SITE INSPECTION FEES:

- Streets..... ft. @ \$.50/linear ft.
(including under drains, curb and gutter, paving)
- Sidewalks..... ft. @ \$.25/linear ft.
- Sewers ft. @ \$.30/linear ft.
(storm and sanitary)
- Landscaping..... dwelling units @ \$12 each.....
- Retaining Walls walls @ \$100 each.....
(less than 30 inches in height)

IS THE SITE WITHIN A FLOOD PLAIN? (circle one) YES NO

THREE (3) SETS OF THE FINAL PLANS APPROVED BY THE CITY WITH SPECIFICATIONS MUST ACCOMPANY THIS APPLICATION.

APPLICANT SHALL DEPOSIT WITH THE CITY

A MAINTENANCE AND CONSTRUCTION ESCROW IN THE AMOUNT OF: (OFFICE USE ONLY) _____

- Cash Deposit
- Letter of Credit
- Surety Bond

Signature of Owner or Authorized Agent _____ Date _____

Printed Name _____

Approved by _____ Date _____

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY

PERMIT # _____

DATE: _____