

**EXCAVATION PERMIT APPLICATION**  
**CITY OF EUREKA**  
**100 CITY HALL DRIVE - P.O. BOX 125**  
**EUREKA, MO 63025**  
**636-938-5233**

DATE: \_\_\_\_\_ PERMIT NO.: \_\_\_\_\_

PERMIT FEE:       \$7.00      

Excavation Address/Location: \_\_\_\_\_

Owner if Applicable: \_\_\_\_\_

Purpose (Attach Plans): \_\_\_\_\_

\_\_\_\_\_

Will excavation occur in Right-of-way or Easement? \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Excavator (if other than applicant): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 1) **RETAIN APPROVED PERMIT AT WORK SITE.**
- 2) **CALL 636-938-6655 EXT. 400 FOR INSPECTION APPOINTMENT PRIOR TO BACKFILL AND PAVEMENT REPAIR.**
- 3) **EXCAVATION MUST BE PROPERLY COMPACTED AND MAINTAINED UNTIL THOROUGHLY SETTLED.**

\_\_\_\_\_

APPLICANT SIGNATURE

DATE

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**CITY USE ONLY**

**Permit Approval:**

Deposit/Surety Bond Amount Required: \$ \_\_\_\_\_

Proof of Insurance: \_\_\_\_\_ YES \_\_\_\_\_ NO

Public Works Supervisor: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**Deposit Refund/Bond Release Approval:**

Public Works Supervisor: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Finance Director: \_\_\_\_\_ Date Refunded: \_\_\_\_\_