

***City of Cool Valley***

100 Signal Hill Drive  
Cool Valley, MO 63121  
Phone 314.521.3500 Fax 314.942.8701  
www.cityofcoolvalley.org

**OFFICE USE ONLY**

DATE ISSUED \_\_\_\_\_ FEE COLLECTED \$ \_\_\_\_\_

PERMIT # \_\_\_\_\_

INSPECTION DATE \_\_\_\_\_ CLERK \_\_\_\_\_

**EXCAVATION PERMIT APPLICATION**

**DATE OF APPLICATION:** \_\_\_\_\_

**PROJECT ADDRESS:** \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

**INSURANCE CARRIER:** \_\_\_\_\_ Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

***Certificate of Insurance Must Be Provided PLUMBING CONTRACTOR:***

\_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**DRAINLAYER CONTRACTOR:** \_\_\_\_\_ Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

**GENERAL CONTRACTOR:** \_\_\_\_\_ Address:

\_\_\_\_\_

Phone: \_\_\_\_\_

**SUBCONTRACTOR:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**NUMBER OF EXCAVATIONS:** \_\_\_\_\_

**DEPTH OF EXCAVATION:** \_\_\_\_\_

**LENGTH OF EXCAVATION:** \_\_\_\_\_

*IS STREET TO BE CLOSED? Y      N      ARE PLANS ATTACHED? Y      N*

**TYPE EXCAVATION:** \_\_\_\_\_ Water Tap \_\_\_\_\_ Sewer Tap \_\_\_\_\_ Boring \_\_\_\_\_ Septic Tank  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

**TYPE OF BACKFILL:** \_\_\_\_\_

**METHOD OF COMPACTION:** \_\_\_\_\_

**DESCRIPTION OF WORK:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Inspections shall be requested 24 hours in advance by calling 314.221.3443**

Applicant is: \_\_\_\_\_ Authorized Agent

\_\_\_\_\_ General Contractor

\_\_\_\_\_ Plumber- License No. \_\_\_\_\_

\_\_\_\_\_ Drain layer -License No. \_\_\_\_\_

**I hereby certify that the above information is correct**

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**FEES/REPAIR CHARGES**

PERMIT \$100 SEWER REFILL \$50 Sewer & Water Tap Refill \$75 Water Line \$35 Water Tap Only \$25