



**EXCAVATION PERMIT APPLICATION**

Date: \_\_\_\_\_

**A PERMIT ISSUED SHALL BECOME INVALID IF THE AUTHORIZED WORK IS NOT COMMENCED WITHIN SIX (6) MONTHS AFTER ISSUANCE OF THE PERMIT.**

*Permission is hereby granted, subject to the permit holder's compliance with all provisions contained in this permit, and with the Building Code of the City of Cool Valley, to complete construction shown on the plans submitted depicting the scope and detail of this work, and subject to the notations indicated on the approved plans or as listed by the Building Official. Permits are subject to revocation, or a stop work order for cause at the discretion of the Building Official. This application and review are for the City of Cool Valley permitting purposes only. Please be aware of any additional covenants and restrictions which may be recorded within the City.*

PROPERTY ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF WORK  RESIDENTIAL  COMMERCIAL

START DATE: \_\_\_\_\_ DESCRIPTION OF WORK: \_\_\_\_\_

EXCAVATION LOCATION \_\_\_\_\_ DRIVEWAY REPLACEMENT \_\_\_\_\_

LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ST. LOUIS COUNTY LICENSE NO: \_\_\_\_\_ PLUMBER PERMIT# \_\_\_\_\_

X \_\_\_\_\_  
Applicant's Signature and Date

**Inspections are required as checked below, call for inspections 72 hours in advance at 314-521-3500  
(Do Not Write Below This Line)**

**Please indicate how many inspections are required on all construction.**

**INSPECTIONS:**

**PERMIT FEES:**

- Footings/Piers (before pouring)
- Foundation
- Framing (before plumbing & electric)
- Miscellaneous \_\_\_\_\_
- Final (when complete and ready for use/occupancy)

- Plan Review fee: \$ \_\_\_\_\_
- Construction fee: \$ \_\_\_\_\_
- Inspection fee: \$ \_\_\_\_\_
- Penalty fee: \$ \_\_\_\_\_

**TOTAL PERMIT FEE** \$ \_\_\_\_\_

Note \_\_\_\_\_

ISSUED BY: \_\_\_\_\_ APPROVED: \_\_\_\_\_