



CITY OF HERCULANEUM

1 PARKWOOD COURT

HERCULANEUM, MISSOURI 63048

BUSINESS: 636.475.4447 – FAX: 636.475.6191

WWW.CITYOFHERCULANEUM.GOV – EMAIL: BUILDING@CITYOFHERCULANEUM.GOV

LAND DISTURBANCE PERMIT

Date: _____

Permit #: _____

Applicant: _____

Address: _____

Phone: _____

Location of Service: _____

Total Sq.ft. of Soil Disturbance: _____ If you are importing top soil how much: _____

What Type of Erosion Control will be used: _____

Remarks: Attach a copy of the plat with project and silt control drawn in and to scale

Failure to comply with erosion control plan could result in a stop work order

All erosion control measures must be installed at the start of the project

ALL CONTRACTORS & SUB-CONTRACTORS MUST BE LICENSED THROUGH THE CITY OF HERCULANEUM

Estimated Cost: _____

Permit Fee: _____

INSPECTION APPROVALS:

1. Final

A 24 HOUR NOTICE MUST BE GIVEN TO SCHEDULE FOR INSPECTIONS

Applicant Signature: _____

(Signature)

(Print Name)

Building Code Official: _____