



CITY OF ROCK HILL

827 N. Rock Hill Rd. ♦ Rock Hill, MO 63119 ♦ (314)968-1410 ♦ Fax (314)968-4843

EXCAVATION PERMIT

(STREET EXCAVATION, CURB CUT, YARD EXCAVATION, GRADING)

Date of Application: _____ Permit Number: _____

Address of Property: _____

Contractor: _____

Contractor's Address: _____

Excavation Start Date: _____ Estimated Completion Date: _____

Contact Person: _____ Phone Number: _____

Type of Permit:

- ☐ Street Excavation
 - ☐ Asphalt
 - ☐ Concrete
- ☐ Yard Excavation (private property)
- ☐ Curb Cut
- ☐ Grading (On private property where contours are changed)

Size of Cut : _____ Total Square ft of cut: _____

Fees:

For 24 square ft cut for street or yard excavation:

- \$6 – asphalt street
- \$10 – concrete street
- \$4 – yard

Curb Cut (for new driveway) -- \$10 per 12 linear feet

Grading: \$4 per 24 square ft of yard area

*Sewer, gas or water disconnects are \$25 for each cut, if in the street. Proof of disconnects must be shown after job has been completed.

REQUIRED DEPOSIT:

A separate refundable deposit of \$500 is required for all excavation permits. This will be returned up on satisfactory replacement of the property. Refunds not claimed within 90 days of completion will be forfeited and placed in the City's general revenue fund. The street must be replaced with 1 inch minus rock and tamped every 10 inches. Concrete will be replaced to the exact standards as taken out. Asphalt shall be the same standards as taken out. Some streets contain both concrete and asphalt, and will require the same to be replaced as taken out.

Utilities that are servicing their lines in the City right-of-ways will be required to post a deposit of the project is going to take longer than 14 days.

Contact Ron Meyer at 314-941-3406 for final inspection.

For City Use Only

Fee: _____ Check No. _____ Cash _____ Credit Card _____

Deposit: _____ Check No. _____ Cash _____ Credit Card _____

Final Inspection Date: _____ Final Inspection Completed by: _____

Deposit Return Date: _____

FOR CITY USE ONLY

REQUEST FOR CHECK

Copy of Excavation Permit with Final Inspection Completion information must accompany this request.

Date:

Please Furnish the Following Information:

Payee:

Address:

City:

State:

Zip:

For: Refund of Excavation Permit Deposit

Total Amount:

Account No.: 101-0000-229.10-00

Department Head Approval:	Date Approved:	Board Member Approval:	Date Approved: