

CITY OF CHILLICOTHE

Permit No. _____ Application for **GRADING/STORM DRAINAGE** permit

Date _____

Property owner _____ Applicant _____

Address at site _____ Address _____

Phone _____ Phone _____

Describe work to be done _____

Residential _____ Commercial _____ Work start date _____

Contractors: Grading _____

I THE UNDERSIGNED HEREBY SWEAR that the information provided on this application and accompanied site plan are true and accurate to the best of my knowledge and here by GUARANTEE to the CITY OF CHILLICOTHE that the work will be done in accordance with the drawing submitted.

Signature of owner or applicant Date

\$ 75.00 fee received

City Approved

Date



2 DAYS BEFORE YOU DIG
CALL TOLL FREE
1-800-344-7483
MISSOURI ONE CALL SYSTEM, INC.