



**EXCAVATION FOR
DEVELOPMENT PERMIT
APPLICATION**

No. _____ Fee: \$75

The undersigned applicant hereby applies for an Excavation Permit as required by Section 7-72 "Permit Requirements" of the City of Macomb Municipal Code

Applicant – If not property owner, must be a city of Macomb licensed contractor

Name: _____
Address: _____ City: _____
By: _____

Location of Excavation: Street Address: _____
PIN: _____
Maximum & Overall Depth of Excavation: _____
Total Square footage or acreage to be disturbed: _____

Property Description: If no street address (include lot(s), block(s) and addition):

Property Owner: Name: _____
Address: _____ City: _____

Excavation By – If applicant, state applicant, if other, please state:
Name: _____
Address: _____ City: _____

Purpose and Description of Excavation (attach site plan):

Description of filling, restoration, re-surfacing plan:

Applicant Signature: _____
Date: _____

Estimated Commencement Date: _____
Estimated Completion Date: _____

Permit Fee = \$75.00	Payment Method: _____	Payment Date: _____
Date Application Approved: _____		
Approved By: _____		
Comments: _____ _____		