

**APPLICATION FOR EXCAVATION FOR DEVELOPMENT PERMIT
CITY OF MACOMB, ILLINOIS**

No. _____

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: _____

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: _____

Date Application Approved: _____

Approved By: _____

Comments: _____