

CITY OF RICHMOND
205 SUMMIT ST-RICHMOND, MO 64085 816-776-5304
APPLICATION FOR STREET EXCAVATION

DATE _____

FEE **\$50.00**

1 LOCATION _____

2 PURPOSE & SCOPE OF WORK _____

3 TYPE OF STREET
CONCRETE _____ ASPHALT _____ GRAVEL _____

4 CONTRACTOR DOING WORK _____

ADDRESS _____

_____ PHONE # _____

SIGNATURE OF APPLICANT _____

THIS APPLICATION REPRESENTS ONLY THE EXCAVATION FEE

YOU MUST ALSO FILL OUT A **STREET EXCAVATION PERMIT** & REMIT A CHECK FOR **\$500.00** TO BE KEPT ON FILE IN THE COLLECTOR'S OFFICE UNTIL STREET HAS BEEN INSPECTED BY RICHMOND PUBLIC WORKS DEPARTMENT