



**TO:** Department of Public Works  
 City of Chesterfield  
 690 Chesterfield Parkway West  
 Chesterfield, MO 63017-0760  
**Attn:** *Grading Permit Application*

**GRADING PERMIT APPLICATION**  
 (PLEASE PRINT)

1. Applicant Name: \_\_\_\_\_

2. Applicant Address: \_\_\_\_\_  
 \_\_\_\_\_

3. Applicant Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

4. Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Emergency Contact Email Address: \_\_\_\_\_

5. Type of Development:

|     |  |          |  |
|-----|--|----------|--|
| New |  | Existing |  |
|-----|--|----------|--|

|            |  |            |  |             |  |
|------------|--|------------|--|-------------|--|
| Industrial |  | Commercial |  | Residential |  |
|------------|--|------------|--|-------------|--|

6. Description of Proposed Project:

7. Location / Address of Proposed Project:

8. Site Area: \_\_\_\_\_ sq.ft. \_\_\_\_\_ ac.      8a. Area to be disturbed: \_\_\_\_\_ sq.ft. \_\_\_\_\_ ac.

9. Estimated Grading Quantity CUT/FILL (c.y.): \_\_\_\_\_ / \_\_\_\_\_      10. Proposed Starting Date: \_\_\_\_\_

11. Estimated Project Duration: \_\_\_\_\_

**All work shall be safeguarded and protected by the person causing the grading to be done to avoid all danger to life or limb. All backfilling, restoration, cleanup and other regulations shall be in accordance with Ordinances of the City of Chesterfield.**

\_\_\_\_\_  
 Company Name

**By:** \_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Printed Name

**FOR OFFICE USE ONLY**

12. Grading Permit No. \_\_\_\_\_      13. Fee Collected \$ \_\_\_\_\_      14. Surety Amount \$ \_\_\_\_\_

15. Army Corps of Engineers Approval: Yes \_      Waived \_\_      N/A \_\_\_\_\_