



Site Development Permit For Stripping, Excavation or Filling of Land Village of Caseyville, Illinois

909 South Main Street, Caseyville, IL 62232
(618) 344-1234

(Please Type or Print Legibly)

OWNER INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

CONTRACTOR INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

SITE INFORMATION

Facility Name: _____

Facility Location: _____

Parcel Identification Number: _____

Start site work date: _____

End site work date: _____

Total size of construction site in acres: _____

Preliminary Development Plan Approved.

Date of Acceptance: _____ By: _____

Site Grading Plan Approved.

Date of Acceptance: _____ By: _____

Stormwater Detention Plan Approved.

Date of Acceptance: _____ By: _____

VILLAGE OF CASEYVILLE

EXCAVATION PERMIT

NAME _____

FIRM NAME _____

ADDRESS _____

CITY/VILLAGE _____ STATE _____ PHONE _____

LOCATION OF PROPOSED EXCAVATION _____

NATURE OF EXCAVATION _____

BONDING COMPANY:

NAME _____

ADDRESS _____

CITY/VILLAGE _____ STATE _____ PHONE _____

AMOUNT OF BOND \$ _____

PREVIOUS EXPERIENCE (LIST CITIES AND/OR VILLAGES)

	<u>CITY/VILLAGE</u>	<u>CITY/VILLAGE OFFICIAL</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

I have read the municipal law with regard to excavations and my firm or company intends to fully comply with the Street Regulations Code provisions.

(Applicant's Signature)

(Superintendent)