

CITY OF NEW MELLE
State of Missouri
145 Almeling Street, PO Box 114
New Melle, MO 63365
Phone 636-828-4807
newmellecity@centurylink.net

GRADING PERMIT APPLICATION

APPLICANT:

(Name)

(Address)

(Phone)

LOCATION OF PROPERTY/DEVELOPMENT (ADDRESS/NAME): _____

OWNER(s) (attach additional)

Printed Name

Printed Name

Street Address

City/State/Zip Code

Telephone

Fax

LEGAL DESCRIPTION OF PROPERTY (other than address) _____

EXISTING ZONING: _____

PROPOSED USE: _____

GRADING PERMIT PLAN REVIEW FEE : Non-refundable fee of **\$125** plus a cash deposit in the amount of **\$500 for professional services.**

Attach:

_____ Two (2) copies of the plan are provided.
Additional copies may be requested upon review.

_____ Grading plan review fee is provided.

Applicant's Signature

Date

Owner's Signature (additional below)

Date

Note: By affixing signatures to this application form, the Applicant and Owner hereby verify that; they have reviewed the applicable subdivision regulations; they are familiar with the specific requirements relative to this application; and they take full responsibility for this application. The above signatures further indicate that the information provided on this form and on any additional data attached hereto is true, complete, and accurate.