

City of O'Fallon – Community Development

100 North Main Street
O'Fallon, Missouri 63366
www.ofallon.mo.us
636.379.5556



Facilities Utility Permit Application & Right-of-Way Permit Application (General Utility/Excavation)

Subject Property Information

Affected Property Location:
General Description of Work:

- ✓ **Attach Detailed Plans Showing the Nature, Dimensions and Description of the Utility Work**
- ✓ **Provide Landscaping Plan for Above Ground Facilities**
- ✓ **Provide Signed Copy of Publicly Funded Programs Affidavit (if required)**

Type of Work Performed (mark all that apply) R = Inside City r/w F = Outside City r/w B = both

Facility Utility:	Excavation:	Horz. Boring:	Road Repair:
Emergency:	Lighting:	Signals:	Pole relocation:
Other:			

Timeframe

Proposed Starting Date: _____, Days Required to Complete: _____
Will lanes be closed temporarily or restricted: _____ If yes, a separate Traffic Management System application must be submitted

Contact Information (Please Type or Print)

Applicant:

Company:
Contact Person:
Address:
City/State/Zip:
Phone:
Fax:
E-mail:

Utility Company:

Company:
Contact Person:
Address:
City/State/Zip:
Phone:
Fax:
License #:

Emergency Contact:

Company:
Contact Person:
Address:
City/State/Zip:
Phone (24/7):
Fax:
E-mail:

Utility Subcontractor:

Company:
Contact Person:
Address:
City/State/Zip:
Phone:
Fax:
License #:

Facility Utility Permit – Code 400.910 (outside City r/w) Reviewed:
General Utility Permit – Code 406 (inside City r/w) Reviewed:

Applicant Signature Date

Utility Company's Signature Date

Utility Permit Application

TO BE FILLED OUT BY CITY STAFF

Date of Initial Submittal: _____ Utility Permit No.: _____

Fees

Facility Utility Permit (outside right-of-way)

Permit Review Fee - \$ _____ *1 Date Paid: _____

Right-of-Way Permit (inside City right-of-way)

Permit Review Fee - \$ _____ *2 Date Paid: _____

Deposit Required Y/N – Amount - \$ _____ bond/check

*1 – Permit fee is \$150 per facility location; review Section 400.920 E for costs associated with non-compliance

*2 – Permit fee is \$15 per excavation or Lot affected; bond/check if applicable will be restoration costs or \$2,500, whichever is greater

Inspections

Facility Utility Permit (outside right-of-way)

Inspector _____ Phone No. _____

Plan Reviewer _____ Phone No. _____

Right-of-Way Permit (inside City right-of-way)

Inspector _____ Phone No. _____

Plan Reviewer _____ Phone No. _____

Approval

Application (Approved/Denied) by: _____ Date: _____ Permit Expiration Date: _____

Closeout

Facility Utility Permit (outside right-of-way)

Inspector _____ Date _____

Right-of-Way Permit (inside City right-of-way)

Inspector _____ Date _____