



# OSCEOLA COUNTY

## Excavation Permit Application

(Submit Typewritten or Printed in Triplicate)

### CHECK APPROPRIATE BOX

Small ~  
 Medium ~  
 Large ~

### OFFICE USE ONLY

Project # - BP \_\_\_\_\_ Permit Fee - \_\_\_\_\_  
 Check # - \_\_\_\_\_ Receipt # - \_\_\_\_\_

### SECTION I - General Information

Applicant:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Firm Designated to do Work:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Excavation: \_\_\_\_\_

(Excavation) Acreage (Surface Area):

Acres: \_\_\_\_\_ Amount of Material: \_\_\_\_\_ Cubic Yards

Legal Description of Excavation:

Section \_\_\_\_\_ Township \_\_\_\_\_ South Range \_\_\_\_\_ East

Owner of Record of Excavation Property:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ (If Different from

Applicant)

Haul route from excavation source to disposition site (If excavation area is equal to or greater than five acres):

Is de-watering required? \_\_\_\_\_ (If yes, is water to be disposed of on site or off site? \_\_\_\_\_)

If off-site, attach letter of consent from affected owner.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE PRINT: \_\_\_\_\_ EMERGENCY PHONE NO. \_\_\_\_\_

### SECTION II - Office Use Only

Approved On: \_\_\_\_\_ subject to general law and the following additional requirements.

This permit is valid for \_\_\_\_\_ Permit expires on: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION III - County Engineer

Permit Completed ~ Permit Not Completed ~ Permit Expired ~

Comments: \_\_\_\_\_ Inspector: \_\_\_\_\_  
Date: \_\_\_\_\_

**NOTE: For your convenience, a copy of Chapter 4 is attached. Section 4.6 (g) details required submittal data.**