



City of

SIKESTON

State of
Missouri

Public Works Department / Code Enforcement Office
105 E. Center Street / Sikeston, MO 63801 / Phone: (573) 471-2512

Request for Termination of a Land Disturbance Permit

Land Disturbance Permit Number: _____

Project Name: _____

Project Address: _____
(City) (State) (Zip)

Recorded Property Owner: _____
(Please Print)

Address: _____
(City) (State) (Zip)

Telephone #: _____ Fax # _____

Reason for Termination Request: (Check One)

Area is stabilized by seeding, mulching, sodding, paving, or other means, no further land disturbance activities are planned, all building construction (commercial or residential) is completed, and construction equipment removed.

Copy of DNR Permit required if one (1) acre or more of land is disturbed.

Other reason (specify) _____

I hereby certify that I am familiar with the information contained in the termination request, that to the best of my knowledge and belief such information is true, complete and accurate.

Printed Name (In Ink) Signature Date

Office Use:

Initials

_____ Approved _____

_____ Date Rejected _____

Reason Rejected: _____

Code Officer Signature: _____ Date : _____