



City of

SIKESTON

State of
Missouri

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

Land Disturbance Permit Renewal Application

Recorded Property Owner: _____
(Please Print)

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

Telephone #: _____ Fax # _____

Property Location: _____

Land Disturbance Permit Number: _____

Description of Development: _____

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TOTAL ACREAGE OF SITE: _____ **ACRES**

TOTAL LAND DISTURBED: _____ **ACRES**

*Submittal of this application and/or permit does not imply that a permit has been or will be authorized and renewed.
Renewal authorization is subject to site compliance inspection.*

I hereby certify that I am the legal owner of the property for which this release of securities is requested or his/
her legally authorized agent. I hereby certify that work was done in compliance with applicable Federal, State,
and City laws.

Printed Name (In Ink) Signature Date

Office Use: _____ **Initials**

_____ Approved _____

_____ Date Rejected _____

Reason Rejected: _____

Code Officer Signature: _____ Date : _____

Permit expires one (1) year from date of issuance.