



AFTER HOURS/WEEKEND WORK APPLICATION

Department of Public Works

10 N. Bemiston Ave. • Clayton, Missouri 63105 • Phone (314) 290-8540

- **\$50.00 non-refundable application fee**
- Section 215.765.3 of Municipal Code prohibits exterior construction noise other than between the hours of 7:00am to 6:00pm on weekdays, (excluding national holidays) except as specifically permitted by the City Manager based on the nature, volume and duration of the work and that it does not impact adjacent properties.
- Please note interior work is allowed by this permit on weekends or after hours provided no noise is made that can be heard from adjacent properties.
- In order to answer your request quickly, please fill out the following application in **DETAIL** email to slitteken@claytonmo.gov (314) 290-8540 with any questions or to verify receipt of your application.
- **THIS APPLICATION MUST BE RECEIVED BY THE DEPARTMENT OF PUBLIC WORKS AT LEAST 48 HOURS PRIOR TO REQUESTED START TIME; OR BY NOON ON WEDNESDAY TO BE CONSIDERED FOR WEEKEND WORK APPROVAL.**

Application Date: _____

Name of Company/Applicant: _____

Address of Company/Applicant: _____
 (City) (State) (Zip Code)

Name of Contact: _____

Phone #: _____ Fax #: _____ Emergency #: _____

- All other applicable City permits must be obtained prior to submitting this application.
- If working in the City's right-of-way or blocking streets or alleys, contact the Public Works Department at (314) 290-8540 or slitteken@claytonmo.gov
- Please contact the Planning & Development Department for Building Permits, Mechanical Permits and Plumbing Permits at (314) 290-8452 or jwilliams@claytonmo.gov

ROW Work Permit #: _____ Mechanical Permit # _____

Building Permit # _____ Plumbing Permit # _____

Specific Location of Work (must include street address & area on property where applicable): _____

Type of Work to be done (must specify type of work, type of equipment to be used, number of personnel involved, and noise generated when completing work, etc.): _____

Specific dates and hours in which work is to be done: _____

Describe necessity for after hours or weekend work: _____

Applicant's Name (PRINT)

Applicant's Signature

FOR CITY HALL USE ONLY

- DENIED
- APPROVED AS REQUESTED
- APPROVED WITH THE FOLLOWING MODIFICATIONS:

Amount Total \$	_____
Amount Paid \$	_____
Balance Due \$	_____
_____	_____
Date	Initials

Authorized Signature

Date