



STATE OF MISSOURI  
MISSOURI DEPARTMENT OF NATURAL RESOURCES  
DAM AND RESERVOIR SAFETY  
**APPLICATION FOR CONSTRUCTION PERMIT**

DATE

**PART I – GENERAL INFORMATION**

OWNER(S) NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (REQUIRED)

NAME OF DAM

ID NUMBER

MO

COUNTY

LOCATION OF DAM AT CENTERLINE AT MAXIMUM SECTION

SECTION

$\frac{1}{4}$

$\frac{1}{4}$

TOWNSHIP

NORTH

RANGE

EAST

WEST

APPROXIMATE UTM COORDINATES

Meters North

Meters East

DAM HEIGHT

RESERVOIR AREA

OWNER(S) ENGINEER

REG. NUMBER

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER (REQUIRED)

Attached documents (NOTE: This application is not complete without addressing Part II.)

**PART II – DESIGN REPORT CONSIDERATIONS**

**PART III – CONSTRUCTION DOCUMENTS**

SUBMIT TO: Missouri Department of Natural Resources  
Water Resources Center  
Dam and Reservoir Safety  
PO Box 250  
Rolla, MO 65402  
(573) 368-2175

\* See Rules and Regulations for Clarification